

**PETITION TO ACADEMIC APPEALS COMMITTEE  
SOUTH FLORIDA COMMUNITY COLLEGE**

**IMPORTANT PLEASE READ:** You have a **MAXIMUM OF SIX MONTHS** following completion of a class to appeal for a tuition refund or withdrawal from a class after the deadline.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Please Print)

SFCC Student ID # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Work

Please indicate below with a check mark the reason for this petition.

Tuition Refund \_\_\_\_\_ Withdrawal (W) After the Deadline \_\_\_\_\_

Please list the applicable courses below:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

1. **Statement of Extenuating Circumstances (Typewritten):**  
Clearly state the extenuating circumstances (illness, emergency, etc.) that you believe warrant this petition. Please be aware, neither changes in major, nor double majors qualify as extenuating circumstances, unless they are necessitated by circumstances beyond your control.
  - A) **Be specific**
    - Provide pertinent details for SFCC semester only.
    - Specify dates and semesters during which the extenuating circumstance(s) occurred.
    - Describe how the circumstances affected you/your academic record during the specified semester(s).
    - Describe what has changed/what steps you have taken to overcome past problems.
  - B) Make sure that your **name and social security number** is on all documentation that you submit.
2. **Attach Documents Validating the Extenuating circumstances:**
  - All documentation must be date specific and address circumstances that occurred during SFCC semesters that our academic performance was weak, including dropped, failed, incomplete or repeated courses.
  - It is your responsibility to obtain and attach written documentation supporting your claim; we will not contact you.
  - Do not submit documentation separately; doing so will result in the petition either being denied or delayed.

**Review Process:**

We attempt to review petitions within 10 business days. You will be sent notification of the results of our review.

**NOTE: Failure to provide legible, date specific and complete information and/or documentation will result in the petition either being denied or delayed.**

**Faculty/Advisor's Comments:** \_\_\_\_\_

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Director of Financial Aid Comments:** \_\_\_\_\_

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Recommendation of Committee (tally):** **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

**CONDITIONS:** \_\_\_\_\_

**Chairperson's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Decision of Dean:** **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

**CONDITIONS:** \_\_\_\_\_

**Dean's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_