



**SECOND, THIRD OR FOURTH ATTEMPT
SPECIAL EXCEPTION REQUEST**

Name_____

Date of Birth_____

SFSC Student ID #:_____

Address_____

Phone:(Home)_____

(Work)_____

REQUEST (Check One):

_____ **Second Attempt –Waive additional fees (full cost of tuition) for:**

The following courses in these programs only: Nursing Degree: Human Anatomy and Physiology I and II, and Microbiology must be taken within seven (7) years of admission to the program. Dental Hygiene and Radiography Degree: Human Anatomy and Physiology I and II, and Microbiology must be taken within five (5) years of admission to the program.

Course Name_____ Number_____

_____ **Third Attempt –Waive additional fees (full cost of tuition)for:**

Course Name_____ Number_____

_____ **Fourth Attempt (additional course fees cannot be waived) for:**

Course Name_____ Number_____

**SPECIAL EXCEPTION MAY ONLY BE GRANTED FOR EXTENUATING CIRCUMSTANCES AND FINANCIAL
HARDSHIP. Describe in detail your justification for request (PROVIDE APPROPRIATE DOCUMENTATION:)**

Student Signature:_____

Date:_____

Faculty/Advisor Comment (when appropriate):_____

Committee Decision: **Approved**_____ **Denied**_____ **Date:**_____