



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ UID # \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE NO: \_\_\_\_\_ Univ. email: \_\_\_\_\_@floridapoly.edu

PETITION SEMESTER: \_\_\_\_\_ TITLE OF COURSE REPEATED: \_\_\_\_\_

**The information included in and with this petition is true and accurate, and** I understand that I will receive the committee's decision via email to my University email address.

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to BOG Regulation 7.001, Exceptions to the Third Time Repeat Course Fee requirement are only granted due to **extenuating circumstances** or **financial hardship**. See also **University regulation FPU-4.006 Third Time Repeat Course Fee Exemption**.

**Instructions:**

1. Student must submit this petition, a typed and signed letter describing the extenuating circumstances or the financial hardship along with supporting documentation and information to Student Business Services: Florida Polytechnic University, Student Business Services, Room 1101A, 4700 Research Way, Lakeland, FL 33805 or via email to [SBS@floridapoly.edu](mailto:SBS@floridapoly.edu). Student Business Services must receive the petition, letter, documentation, and information on or before the "Fee Payment Due" deadline on the Academic Calendar.
2. The student must check one of the following selections for the basis for exception.

**I am requesting the exception based on Extenuating Circumstances:**

The circumstances determined by the University to be exceptional and beyond the control of the student may include but are not limited to the following:

- Medical condition or serious illness of student or immediate family member preventing completion of course
- Death of an immediate family member (mother, father, grandparents, siblings, spouse, children, grandchildren)
- Involuntary call to active military duty
- Other emergency circumstances or extraordinary conditions
- **Special Limitation:** students who withdraw or fail a class due to extenuating circumstances may be granted an exception only once for each course.

**I am requesting the exception based on Financial Hardship:**

This hardship may include but is not limited to the following:

- Student is qualified for federal need-based financial aid
- Other documented financial hardships

The following information is required to be included in your letter to assist in determining financial hardship:

- Where or how do you obtain the funds to pay your tuition? (work, savings, financial aid, other) Do you work? If so, how many hours do you work? What is your estimated annual income?
- How many dependents do you claim?
- Are you a full-time student or part-time student?
- Provide a detailed explanation indicating how this additional fee, if charged, would impact your financial circumstances.

Date petition received in Student Business Services: \_\_\_\_\_

FEE APPEALS COMMITTEE DECISION: Fee exemption is  Approved: fee reduced to  Approved: exempt  Denied  
 \$\_\_\_\_\_

Comments: \_\_\_\_\_

Committee Chair Signature \_\_\_\_\_ Date: \_\_\_\_\_ Date decision emailed to student: \_\_\_\_\_