

(Please submit completed form to your assigned academic advisor)

Date _____

Name _____ Student ID _____

Contact Number _____ *I understand that the Academic Standards Committee may use this number to contact me if I choose to speak about my petition during the next committee meeting. **Check here to schedule to speak about your submitted petition.***

Program Objective _____ Anticipated Graduation Term/Year _____

Referred By (BC Advisor Name/Signature) _____ Date _____ (Staff only) Recommended Not Recommended

Reason for Petition (Choose one):

Withdrawal due to Extenuating Circumstances after 60% withdraw date.

Course(s) that I am requesting be changed to W _____

Term(s) courses were taken _____ (attach schedule with courses/terms indicated)

Date(s) of circumstances that caused you to miss the withdraw date _____

Brief description of extenuating circumstances for the committee to consider.

Fourth Attempt – requested course and semesters previously taken _____

Brief description of extenuating circumstances for the committee to consider.

Change of Catalog for Graduation – Current Calendar year _____ Calendar year requested _____

Credits/courses needed to graduate under current calendar year _____

Credits/courses needed to graduate under requested calendar year _____

Brief description of extenuating circumstances for the committee to consider.

Admission after Dismissal from Previous Institution (List Institution) _____

Date of Dismissal and Reason* _____

Admission after Suspension from Broward College (if student hasn't sat out suspension term, 2nd suspension, or GPA below 1.0)

Suspension term and GPA* _____

Other: Brief description of the policy exception you would like the committee to consider (required) and why

I certify that all statements made in this petition are accurate and true to the best of my knowledge and I understand that in submitting this petition that the outcome of this petition process is final.

Student Signature (without signature, petition is considered incomplete)

***Attach a letter detailing the nature of your petition and the reason this appeal should be considered, along with any documentation of support (i.e., transcript, medical documentation, etc.). This information MUST be included in order for the petition to be complete.**

FOR STAFF USE ONLY BELOW THIS LINE

Submitted By _____ Date: _____

Assoc. Dean of Student Affairs Name/Signature (without signature, petition is considered incomplete)

Recommended Not Recommended

Academic Standards Recommendation _____ Date: _____

Academic Standards Committee Chair Name/Signature

Recommended Not Recommended Tabled

Comments _____

AVP Final Decision _____ Date: _____

Approved Denied Tabled