

Please Print in Black Ink or Type:

Date _____

Name _____ Student ID No. _____
Last First Middle

Street Address _____ City/State/Zip _____

Home Telephone Number _____ Work Telephone Number _____

Referred by (Name of Broward College Staff) _____ Date _____

Recommended Not Recommended Comments _____

Check Reason(s) for Petition:

Admission/Readmission: Term Requesting to Enroll _____

Check one: Suspension Dismissal Previous Institution if other than Broward College _____

Withdrawal due to extenuating circumstances after the 60% withdraw date.

Fourth attempt - course _____

Change of catalog for graduation. Calendar year _____

Waiver of course requirement. Course(s) _____

Completion of graduation requirement after transfer Check one: 24 Credits Last 15 Credits Other _____

Name of institution where courses will be taken _____

Courses _____

Attach a separate sheet of paper explaining the nature or your petition and the reason this appeal should be considered. Please type or print your explanation and submit any documentation relating to this petition (i.e., transcript, degree audit, medical documentation, employment documentation, etc.). **This information must be included in order for the petition to be complete.**

Please note: Incomplete petitions will not be heard by this committee.

Additional Information

Program Objective _____ Anticipated Graduation: Term _____ Year _____

Degree: B.S. A.A. A.S. A.T.D. Certificate Other _____

Campus: North Central South Willis Holcombe Center Pines Center Weston Center
 Miramar Automotive/Marine Center Miramar Town Center

I certify that all statements made in this petition are accurate and true to the best of my knowledge. I understand that the Academic Standards Committee may request my presence at a committee meeting to present my petition and I agree to be present should my attendance be requested.

Student Signature (without signature, petition is considered incomplete)

Date

DO NOT WRITE BELOW THIS LINE

Referred by _____ Recommended Not recommended
Dean of Student Affairs designee (signature and print) Date Comments _____

Academic Standards Recommendation _____
Academic Standards Committee Chair (signature and print) Date
 Recommended Not recommended Tabled Date _____

Comments _____

Final Decision of the Vice President for Student Affairs Approved Denied Tabled

Comments _____

Vice President for Student Affairs (signature)

Date

Completed form must be submitted to the Student Affairs Office no later than one week prior to the meeting.