

**Please Print in Black Ink or Type:**

Date \_\_\_\_\_

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
No. and Street City State Zip

Telephone Number \_\_\_\_\_  
Home Work

Referred by \_\_\_\_\_  Recommended  Not Recommended  
Name of Broward College Staff Date  
 Comments \_\_\_\_\_

Check Reason(s) for Petition:

- Admission/Readmission: Term Requesting to Enroll \_\_\_\_\_  
 Check one:  Suspension  Dismissal Previous Institution if other than Broward College \_\_\_\_\_  
 Early Admission  Dual Enrollment
- 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 (specify) \_\_\_\_\_

**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.A.S.  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 \_\_\_\_\_  Recommended  Not recommended  Tabled  
Academic Standards Committee Chair (signature and print) 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.**