



ACADEMIC STANDARDS PETITION

Please Print in Black Ink or Type:

Date _____

Name _____ Student ID No. _____
Last First Middle

Address _____
No. and Street City State Zip

Telephone Number _____ Referred by _____
Home Work Name of Broward College Staff

Recommended Not Recommended _____
Broward College Staff (signature) Date

Check Reason(s) for Petition:

- Change of catalog for graduation. Calendar year _____
- Waiver of course requirement. Course(s) _____
- Admission/Readmission: Term Requesting to Enroll _____
 - 1. Check one: Suspension Dismissal Previous Institution if other than Broward College
 - 2. Check one: Early Admission Dual Enrollment
- Residency requirement Check one: 24 Credits Last 15 Credits
- Completion of graduation requirement after transfer
- Fourth attempt - course
- Last 12 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 this 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 Center Weston Town 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 Date
(without signature, petition is considered incomplete)

DO NOT WRITE BELOW THIS LINE

Referred by: _____: Recommended Not recommended Forwarded without comment
Dean of Student Affairs designee (signature and print) Date Comments _____

Academic Standards

Recommendation: _____: Recommended Not recommended Forwarded without comment
Academic Standards Committee Chair (signature and print) Date

Comments _____

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

Comments _____

Vice President for Student Affairs (signature) Date