



4TH ATTEMPT APPEAL FORM

Appeals must be submitted to the Office of the Registrar no later than **1** business day prior to the start of the term for which approval is sought.

Student Name: _____ Student ID: _____

Phone: _____ SF Email Address: _____

I am requesting permission to retake the following course for the fourth time:

Course Number _____ Section Number _____ Term/Year _____

Per Florida Administrative Code 6A-14.0301, a student is allowed only three attempts at a course. A fourth attempt of a course may be granted only through an academic appeal based on documented **major extenuating circumstances**.

On a separate sheet, please describe your major extenuating circumstance(s), how they impacted each attempt in detail, and attach supporting documentation. Be sure to explain why you were not successful in previous attempts and what steps you are taking to ensure success if you receive approval to enroll again. **The quality of your explanation and documentation will have a direct bearing on the likelihood of approval.** Omission of information or documentation will result in a longer waiting period or possible denial.

If your appeal is approved, you will be assessed the **full cost of instruction** for the fourth and final attempt.

If you are seeking transient status, please state what school you are planning to attend and explain your reason for attending the institution.

You **must** meet with a Counselor in the Counseling Center (Building R, room 227) to design an academic success plan before submitting a 4th attempt appeal to the Office of the Registrar.

Counselor Signature (R-227): _____ Date: _____

Counselor Comments: _____

Student Signature: _____ Date: _____

Submit request via email to: attempts@sfcollege.edu or in person at the Office of the Registrar, Northwest Campus, Building R, room 112.

OFFICE USE ONLY

Approved Denied Authorization: _____ Date: _____

Comments: _____
