Petition to Adjust Record
Drop with Refund

A petition to adjust a student’s record must be made within one year following the end of the semester in which the courses were taken. Petitions will not be considered for courses within a completed program of study from which the student has graduated, or for courses for which a grade of C or higher is earned. For more information on the State’s policy on refunds, please see Florida State Rule 6A-14.0541 and SF College Board Rule 7.11.

SUBMISSION DEADLINE: Thursday by 3:00 p.m. to be reviewed the following Thursday

When submitting a petition, include ALL relevant documentation, according to the instructions below. A separate form and packet must be completed for each semester the student is wishing to petition. Please be sure all form(s) and supporting documentation are professionally presented and that any copies are legible upon submission. Petition packets may not exceed 8 pages total, not including instructor feedback.

Please read the information below carefully and complete the form with ALL the requested information.

1. Include a typed student statement.
   - Briefly (1 to 2 typed paragraphs) explain your situation in enough detail that the committee can understand the extraordinary nature of the hardship.
   - If seeking to drop or withdraw from only part of your class schedule, be sure to explain the reason for the selectivity.

2. Supporting documentation is required for all petitions. Examples of supporting documentation may include:
   - Medical - a letter from physician on official letterhead with dates and physician signature. The letter must indicate the severity, duration, and academic impact of the condition and recovery period. If the medical situation relates to an immediate family member, the medical documentation must verify your role as a caretaker for the family member.
   - Death of Immediate Family Member or Guardian – an original death certificate, newspaper notification, or obituary must be submitted. In addition, it is your responsibility to establish your relationship to the deceased individual.
   - Military – Original military orders relevant to term.
   - Professor or departmental feedback is highly recommended for all petitions. Feedback should include; attendance information, academic performance, and any other relevant information helpful to the committee. Departmental feedback is required for petitions involving a professor complaint.
   - Any other relevant documentation of hardship.

Please Note: If personal letters are included, they must be signed and legally notarized.

If you need assistance filling out this form, please contact the Counseling Center in R-227.

Due to privacy and confidentiality guidelines, petition decisions will only be released through the college’s official notification system. The Office for Finance and Financial Aid Office must review the refund prior to any disbursement. Refunds will be issued back to the original payment source. Please allow at least 4 to 6 weeks to receive a refund, if applicable.
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PLEASE PRINT

Student Name: ___________________________ Student ID: ___________________________

Phone: (___)________________________ e-mail address: ________________________________

Term and Year Requested: ____________________________________________________________
A separate petition including documentation must be completed for each term requested.

Course(s) Requested: ________________________________________________________________
An attached unofficial transcript is required as part of your documentation.

If you receive any of the following support, you must meet with that department to receive information as to how this petition may affect that support and obtain an official signature documenting your interaction. Submissions lacking a selection and signature (if applicable) will not be forwarded for committee review.

I am ___ am not___ receiving support from High School Dual Enrollment: _______________________

I am ___ am not___ receiving support from International Student Services: _________________________

I am ___ am not___ receiving support from Financial Aid: ____________________________________

I am ___ am not___ receiving support from Veterans and Military Success Services: ___________
(If you are receiving any type of GI Bill benefit, you must meet with a VMSS representative to see how this action may affect your benefit in the current and future terms)

By signing this document, I certify that all information submitted is complete and accurate. I also understand my documentation is subject to verification by the Office of The Registrar, and in cases where submitted documentation is forged, tampered with or otherwise fraudulent, I may face criminal and/or disciplinary actions in accordance to applicable Federal and State laws, and/or college policy as defined in the Student Conduct Code.

Signature: ___________________________ Date _________________________

FOR OFFICE USE ONLY:

Reason code: __________

___ Approved ___ Denied Authorization ___________________________ Date _____________________

Notes:

Appeal (if applicable):
Notification Sent __________ Appeal Received __________ Decision: _____ Reversed _____ Upheld

Authorization ___________________________ Date _______________________

Notes: ________________________________________________

Updated 11/13/15 JT