

**PETITION FOR 3<sup>rd</sup> ATTEMPT  
FEE REDUCTION (DEVELOPMENTAL EDUCATION)**

**PLEASE READ:** Per Florida Administrative Code 6A-14.0301 a third attempt requires the student to pay the full cost of tuition (out-of-state tuition). A petition for fee reduction may be granted by the College Registrar/Academic Foundations Chair, for documented cases of extreme hardship. A student petitioning for a third-attempt fee reduction is required to explain why he or she was not successful in the first and second attempts at the course. Also, the student should explain what specific hardship prevents him or her from paying the full cost of instruction on the third attempt. To petition for a fourth attempt the form and supporting documentation must be brought to the Counselling Center (R-227) at least 4 business days prior to the beginning of the term for which approval is sought. **The petition is due to the Department Chair for the course you are appealing 1 business day before the beginning of the term. Math: P-267 (Northwest Campus) or fax 352-395-5065. Reading/Writing: P-146 (Northwest Campus) or scan and email to English.Department@sfcollege.edu**

**Student Name:** \_\_\_\_\_ **SF ID:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I am requesting permission to retake the following course for the third time at the regular tuition rate because of extenuating circumstances and/or financial hardship:

**Course:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**Check and provide documentation for condition(s) that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Serious illness                                    | <input type="checkbox"/> English as a second language background       |
| <input type="checkbox"/> Documented medical condition preventing completion | <input type="checkbox"/> Documented change in conditions of employment |
| <input type="checkbox"/> Involuntary call to active military duty           | <input type="checkbox"/> Other emergency circumstances: _____          |
| <input type="checkbox"/> Documented learning disability                     | <input type="checkbox"/> Financial hardship                            |

**Please attach a brief statement to describe the nature of your financial hardship or extenuating circumstances.**

- I have been advised to meet with a Financial Aid Specialist to discuss what impact this may have on my Financial Aid status.

**Student Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Comments:** \_\_\_\_\_

Notice of Equal Access/Equal Opportunity and Nondiscrimination at [www.sfcollege.edu/eao/](http://www.sfcollege.edu/eao/)

**FOR OFFICE USE**

- Approved
- Denied
- Adult Ed

Signed: \_\_\_\_\_ Date: \_\_\_\_\_