

## SANTA FE COLLEGE

3000 NW 83<sup>rd</sup> St., R-112  
Gainesville, FL 32606  
Telephone: (352) 395-5000  
Fax: (352) 395-4129



# Petition to Adjust Record Late Withdrawal

A petition for a late withdrawal **must include compelling evidence specifying the reason for missing the published institutional withdrawal deadline. The petition must be made within one year following the end of the semester in which the course was 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 about the State's withdrawal policy, please see [Florida State Rule 6A-14.0301](#).

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

When submitting the 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 your hardship.
  - If you are seeking to 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.**
  - **Late Withdrawal submissions MUST include professor feedback, written by the professor on official letterhead, for each relevant class.**

Examples of additional 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.
- Any other relevant documentation of hardship.

**Please Note: Departmental feedback is REQUIRED for petitions involving a professor complaint.** Additionally, if you wish to include personal letters, 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 outcome of the petition in order to determine if any repayment is required by the student. This review could take up to at least 4 to 6 weeks. Please check your eSantaFe account to view any financial obligations that may have incurred through this process.

Santa Fe College (SF) is committed to maintaining a work and educational environment that embraces diversity and where no member of the college community is excluded from participation in, denied the benefits of, or subject to discrimination in any college program or activity based on: their race, ethnicity, national origin, color, religion, age, disability, sex, pregnancy status, gender identity, sexual orientation, marital status, genetic information, political opinions or affiliations, or veteran status. This commitment applies to employees, volunteers, students, and, to the extent possible, to third parties, applicants for admission, applicants for employment, and the general public. Inquiries regarding non-discrimination policies or concerns about discrimination or harassment, including concerns about sexual harassment or sexual violence under Title IX, should be directed to Jasmine Gibbs, Equity Officer and Title IX Coordinator, 3000 NW 83rd Street, R-Annex, Room 113, Gainesville, Florida 32606, 352-395-5950, [equity.officer@sfcollge.edu](mailto:equity.officer@sfcollge.edu).

Updated 1/30/18 IH

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**Petition to Adjust Record  
Late Withdrawal**

**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 \_\_\_\_\_

|   |                       |                                     |
|---|-----------------------|-------------------------------------|
| <b>FOR OFFICE USE ONLY:</b>                   |                       | Reason code: _____                  |
| ____ Approved ____ Denied Authorization _____ |                       | Date _____                          |
| Notes: _____                                  |                       |                                     |
| Appeal (if applicable):                       |                       |                                     |
| Notification Sent _____                       | Appeal Received _____ | Decision: ____ Reversed ____ Upheld |
| Authorization _____                           | Date _____            |                                     |
| Notes: _____                                  |                       |                                     |