PETITION TO ADJUST RECORD
DROP WITH REFUND

A petition to adjust 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, please see Florida Administrative Code 6A-14.0541 and SF Board Rule 7.11.

To request an adjustment to your record, the following documentation must be submitted:

1. **Petition Form**
    - Make sure to answer **all** the YES or NO questions about receiving support from High School Dual Enrollment, International Student Services, Financial Aid and/or Veterans and Military Success Services. For every YES, you will need to obtain the signature of an official from that department. Submissions lacking a selection and/or signature will not be forwarded for committee review.
2. **Typed student statement (1 page)**
    - Explain your situation, including enough detail to describe the extraordinary nature of the hardship.
    - If seeking to drop from only part of your class schedule, be sure to explain the reason for the selectivity.
2. **Unofficial transcript**
3. **Supporting documentation to verify hardship described on statement** - examples may include:
    - Medical - letter from a physician on official letterhead, dated and signed. The letter must indicate the severity, dates, duration, and academic impact of the condition and recovery period. If the medical situation relates to an immediate family member, you must provide proof of family relationship and medical documentation to verify your role as a *caretaker* for the family member.
    - Death of **immediate** family member (parent or legal guardian, spouse, child or sibling) – copy of death certificate, funeral program, or obituary. In addition, it is the student's responsibility to establish the immediate family relationship to the deceased individual (birth certificate and/or marriage license).
    - Military – Copy of military orders relevant to term.
    - Court documents, letter from employer or work schedule.
    - Professor or departmental feedback is recommended. 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. If personal letters are included, they must be signed and notarized.

A separate form and packet must be completed for each semester being petitioned. Please be sure all form(s) and supporting documentation are legible upon submission. Petition packets **should not exceed 8 pages total**, not including instructor feedback. If you need assistance filling out this form, please contact the Counseling Center in R-227.

Petitions may be submitted via email to petitions@sfcollege.edu from your official SF email (___@go.sfcollege.edu).

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. Please allow at least 4 to 6 weeks to receive a refund, if applicable.

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 SF's Equity Officer and Title IX Coordinator, 3000 NW 83rd Street, R-Annex, Room 113, Gainesville, Florida 32606, 352-395-5950, equity.officer@sfcollege.edu.
REV. 03/2021

SF SANTA FE COLLEGE

PETITION TO ADJUST RECORD
DROP WITH REFUND

Student Name: _____ Student ID: _____

Phone: _____ SF Email Address: _____

Term and year requested: _____

Course(s) requested: _____

If you receive support from any of the departments listed below, you must contact an official from that department to receive information as to how this petition may affect that support and obtain an official signature documenting your interaction. Students receiving Financial Aid should also review the following links regarding Satisfactory Academic Progress: https://www.sfcollege.edu/fa/process/sap and Returns to Title IV: https://www.sfcollege.edu/fa/process/R2T4. By signing below, department official attests that official has discussed how this petition may impact support with student.

Check YES or NO to indicate if you currently receive support from any of the following Departments. For every YES, you will need to obtain the signature of an official from that department:

High School Dual Enrollment? ◯ NO ◯ YES
HSDE Office Signature: _____
(Official Signature) – I DISCUSSED WITH STUDENT THE IMPACT OF THIS PETITION ON STUDENT'S PROGRESS

International Student Services? ◯ NO ◯ YES
ISS Office Signature: _____
(Official Signature) – I DISCUSSED WITH STUDENT THE IMPACT OF THIS PETITION ON STUDENT'S PROGRESS

Financial Aid (including Bright Futures)? ◯ NO ◯ YES
FA Office Signature: _____
(Official Signature) – I DISCUSSED WITH STUDENT THE IMPACT OF THIS PETITION ON FINANCIAL SUPPORT

Veterans and Military Success Services? ◯ NO ◯ YES
VMSS Office Signature: _____
(Official Signature) – I DISCUSSED WITH STUDENT THE IMPACT OF THIS PETITION ON BENEFITS

Check YES or NO below to indicate if you are in a Nursing, Dental or Allied Health program of study and are requesting to drop a course with one of the following prefixes: NUR, PRN, HCP, DEA, DES, DEH, RTE, NMT, SON, CVT, RET, STS, PSG, PHT or HSC. If YES, the signature from the appropriate Department Chair or Director is required.

☐ NO ☐ YES Official Signature (Program Chair or Director): _____
(Official Signature) – I DISCUSSED WITH STUDENT THE IMPACT OF THIS PETITION ON STUDENT'S PROGRESS

By signing this document, I certify that all information submitted is complete and accurate. If I receive support or benefits from any sources listed above, I certify that I have met with the appropriate department official and fully understand how this petition may affect that support. 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 with applicable Federal and State laws, college policy and/or the Student Conduct Code.

Student Signature:_____ Date:_____

OFFICE USE ONLY

Reason code: _____ ☐ Scanned _____ ☐ Notifications: _____

___ Approved ___ Denied (Code: _____) Authorization: _____ Date: _____

Notes: _____

Appeal *(if applicable)* ☐ Scanned _____ ☐ QC _____

Appeal received: _____ Notification sent: _____ Decision: ___ Reversed ___Upheld

Authorization: _____ Date: _____

Notes: _____

Final Appeal (*if applicable*) ☐ Scanned _____ ☐ QC _____

Appeal received: _____ Notification sent: _____ Decision: ___ Reversed ___Upheld