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.** Florida Administrative Code 6A-14.0301.

Along with the completed petition form, the following documentation **must** be included:

1. **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 withdraw from only part of your class schedule, be sure to explain the reason for the selectivity.
2. **Unofficial transcript**
3. **Professor feedback** for each relevant class, written on official letterhead or sent via SF College email.
   - 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.***
4. **Supporting documentation -** examples 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 a family member – an original death certificate, newspaper notification, or obituary must be submitted. In addition, it is the student's responsibility to establish the relationship to the deceased individual.
   - Military – Original military orders relevant to term.
   - 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 professionally presented and that any copies 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.

SUBMISSION DEADLINE: **Thursday by 3:00 p.m.** to be reviewed the following Thursday. Petitions may be submitted via email to petitions@sfcollege.edu, in person at the Office of the Registrar at the Northwest Campus, Building R, room 112 or via US postal mail.

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 been 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 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. 10/19/18

Office of the Registrar
3000 NW 83rd Street Building R, room 112 Gainesville FL 32606

SF SANTA FE COLLEGE

PETITION TO ADJUST RECORD
LATE WITHDRAWAL

Student Name: _____ Student ID: _____

Phone: _____ SF Email Address: _____

Term and year requested: _____

Course(s) Requested: _____

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. 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. Submissions lacking a selection and signature (if applicable) will not be forwarded for committee review. By signing below, department official attests that official has discussed how this petition may impact support with student.

Please indicate if you currently receive support from:

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

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

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

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

Are you enrolled in a limited access Health Sciences Program? ◯ NO ◯ YES: _____
If YES, signature from the appropriate Department Chair/Director is required.
Courses: NUR, PRN, HCP, DEA, DES, DEH, RTE, NMT, SON, CVT, RET, STS, PSG, PHT and HSC
(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 _____ ☐ QC _____

◯ 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

Notes: _____