



Charles E. Schmidt College of Science
UNDERGRADUATE PETITION

DO NOT USE this form if you plan to withdraw from all classes in the current term due to a Medical hardship, Military obligations or Death in the immediate family. Please contact Dean of Student Affairs, located in Bldg. 8, Rm. 226.

Student's Name _____ SSN _____

Major or College _____ E-mail _____

Decisions are sent to this email address

Address _____

Local Telephone # _____

Read both sides of this petition carefully. Please submit this form to your college representative along with a typewritten statement of your request describing the extenuating circumstances of the option you check below and documentation such as medical records, letters from professors, instructors etc. If your petition is for a late withdrawal from one or more classes, you must have each professor complete the Late Withdrawal form (on the college Student Services web site). Petitions are not considered complete without the required documentation and will be deferred.

I am requesting:

- Last 30 Hours Upper Division Course Work
Change in Sections
Waiver of 45 Upper Division Credit Hour Graduation Requirement
Change of Grade Type
Approval of Non-Degree Credit Hours
Waive 9 Hour Summer Rule
Late Add a class
Late Withdrawal

List Term, Course, Prefix, Sect. & Credit

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Total Withdrawal for a Specific Term

Reinstatement into FAU* Term requested

*If you have attended another college or university since your last enrollment at FAU, please list and request that official transcripts be sent directly from the Registrar to the Office of the Registrar at FAU.

(College or University)

(Dates of Attendance)

Other:
(College use only)

Certification: I hereby certify that these facts are true and accurate to the best of my knowledge.

Student's Signature _____ Date _____

