

UFID _____ Last Name _____ First Name _____ MI _____

Mailing Address: _____
Street address _____ Apt _____ City _____ State _____ Zip _____

Email Address: _____ Phone Number: _____

Note:

- This form can be used only to request the removal of courses currently listed on a student's excess hour surcharge counter, courses registered in previous semesters or on the student's current term registration. Students cannot petition the removal of courses they have not registered for from excess hours.
- All course exemption decisions for excess hours are made pursuant to Florida State Statute 1009.286(4). Review excess hour exemptions at <https://one.ufl.edu/> > Student Self Service > Degree Audit > Excess Hour Surcharge > Appeals and Deadlines.
- Excess hours are only adjusted three times per semester - beginning, middle, and end. Depending on the timing of your submission, if approved, any applicable refunds and/or changes to your academic record may take two to three months for processing.

Instructions:

- In the space below, or in an attached statement, students must list the courses they believe should not be counted in their excess hours and explain how they meet the exemptions listed in state statute 1009.286(4).
- Students should submit supporting documentation to substantiate the claim made in their statement.
- **Petitions for refunds** should be submitted within six months from the close of the petitioned term.
- Students should keep a copy of all submitted petition materials for resubmission if necessary.
- **Review your petition decision** and/or request for additional information at <https://one.ufl.edu/> > Student > Academics > Petition Status.

In the space below list the courses and terms you are requesting to be removed from your excess hours. Explain how it meets the exemptions listed in State Statute 1009.286(4).

Courses:

I hereby certify that the information submitted for this petition is true and accurate to the best of my knowledge.

Student's Signature: _____ **Date:** _____

*****BELOW IS FOR COMMITTEE USE ONLY*****

Committee Action: Approved Denied Deferred

Notes/Comments: _____

Authorized Signature: _____ Date: _____