

UFID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Note:** Students are required to earn nine credit hours of summer enrollment pursuant to the Florida Board of Governors regulation 6.016. For additional information, refer to summer term enrollment in the academic regulations section of the undergraduate UF catalog: [catalog.ufl.edu](http://catalog.ufl.edu).

**Instructions:**

- In the space below, or in an attached personal statement, students must explain why they believe their summer enrollment requirement should be waived. Students also must provide supporting documentation to prove the claim made in their statement. **An attached personal statement can only be one page, double spaced and 12 pt. font.**
- Students must check the appropriate box below, noting that none of the following will *automatically* waive the summer enrollment requirement. All summer enrollment waiver decisions are made by committee review.
- Students must have the interviewing officer complete his/her portion of this form before submission.
- Students should keep a copy of all submitted petition materials for resubmission if necessary.
- Students must monitor this petition at <https://one.ufl.edu/> to see decision. Student → Academics → Petition Status.
- Students must have completed 75 credit hours to be eligible for this petition.

**Please check the appropriate box below.**

- I completed a summer internship.
- I participated in military training and/or operations during the summer.
- I completed six hours of study abroad coursework.
- I am a student athlete that must attend summer training camps and/or sports-related events.
- I am experiencing financial hardship.
- My program does not offer courses during the summer.
- Other: \_\_\_\_\_

Student Comments (below):  
\_\_\_\_\_  
\_\_\_\_\_

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

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interviewing Officer must check one of the following:**  Support  Do not support (Attach explanation if needed)

Student's expected graduation date: \_\_\_\_\_

Interviewing Officer Comments (below):  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Committee Action:**  Approved  Denied  Deferred

**Notes/Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_