

Repeat Course Surcharge University Petition

UFID	Last Name	First Name	MI	 Date
Mailing Address:				
Mailing Address:	et address	Apt	City	State Zip
Email Address:	ail Address: Phone Number:			
an exception for a pr	charged a repeat course for evious drop or failed attemp etition to waive this fee beca	ot due to extenuating	circumstances on	
	all of the following petition s will not be accepted.	n materials must be	provided at the t	ime of submission.
 Personal statement Supporting docume Petitions for refunction Students should keet Petitions must be m 	ement, which will only be review should explain extenuating cire ntation must be submitted to see should be submitted within the period on the second on the submitted petition on the second on the s	cumstances and focus ubstantiate the claims in six months from the clo ion materials for resubn	on pertinent issues. n your statement. se of the petitioned nission if necessary.	term.
List the terms that are	e involved in this petition. (E	E.g. Summer C 2014,	Fall 2012, etc.)	
List your requested a	ctions and the courses invo	olved.		
I, the undersigned, h	ereby declare that I underst	and and agree to the	information listed	on this document. I
	ation submitted for this peti	_		
-):			te:
		OR COMMITTEE USE		
Committee Action: A Notes/Comments:		Deferred □		
Authorized Signature) :		Da	ate: