

Name _____ UFID _____ Date _____

Email _____@ufl.edu Phone Number _____ Signature* _____

(*Your signature on this form indicates you understand that submitting false or misleading materials violates the Student Honor Code, 6C1-4.017. Violators of the Student Honor Code will be reported to the Office of Student Conduct & Conflict Resolution.)

Instructions:

- Attach a personal statement (no more than one page, typed, and 10 pt. font or larger) explaining why an exception should be made to allow you to take on-campus fall courses. Provide documentation of extenuating circumstances (keep copies of documentation for your records) that you think warrant an exception.
 - Check the appropriate box below:
 - I am off track and need to take tracking courses for my major
 - I am interested in pre-health (You must meet with a pre-health advisor in the AAC and provide a graduation plan)
 - The course I need is only offered in the fall (You must provide a labeled graduation plan)
 - My graduation will be delayed without this course (You must provide a labeled graduation plan)
 - Other (must specify): _____
- Meet with your college/major advisor to obtain support to take course. **(This support does not guarantee approval.)**
- Submit completed form to the Academic Advising Center with all supporting materials. You will receive an email when your results are ready to be picked up at the front desk of the Academic Advising Center. Decisions will be made twice a month beginning April 23rd and ending the last business day in July. **Petitions submitted after the last business day in July will not be reviewed.**
- If approved, **you will be placed in the course(s) if/when a seat is available.** This could be as late as the last business day in July. Please be aware that seats are not guaranteed. You will receive an email upon placement in course(s).

Course(s) Requested: _____ ***Specific section(s) requests cannot be accommodated***
 Alternate Course(s) that would meet needed requirements: _____

Current College Advisor Feedback: **Support** **Do Not Support** *You may provide feedback on separate form or in Advising Notes as well*
 Comments: _____

Advisor Signature: _____ Date: _____

OFFICE USE ONLY

CLAS College Decision: Approved Denied Deferred

Comments: _____

Signature: _____ Date: _____