

**UNDERGRADUATE ACADEMIC REGULATION APPEAL PETITION**  
**PLEASE READ THOROUGHLY BEFORE SUBMITTING**

The Academic Regulation Appeal Committee considers petitions from undergraduate students seeking exceptions to the academic regulations stated in the FAMU catalog. Appeal applications must be filed and considered prior to graduation. The attached form should be used for the following types of appeal:

1. Waiver of Academic Suspension (pre-fall 2015 only)
2. Retroactive course withdrawal (limited to one year after course enrollment)
3. Late add/swap of registration (limited to the current semester only)
4. Administrative drop(s) – Department/Administrative error (Dean memo to Provost)
5. **A total withdrawal from all courses for the semester cannot be requested using this process and form.** Please go on-line to [www.famu.edu/registrar](http://www.famu.edu/registrar), click on forms and obtain the Official Term Withdrawal/Retroactive Term Withdrawal form.

**NOTES:** Supporting documentation must accompany all appeal petitions. This action could affect your current and/or future financial aid award(s); therefore, it is suggested that you check with the Office of Student Financial Services for your status before submitting this petition.

**Please review and adhere to the following:**

- **PETITIONS MUST** be picked up from and returned to your designated College/School Committee Representative. **The original documentation supporting the completed petition must be submitted.** Non-degree Special Students must petition through the Registrar's Office. **Colleges are not responsible for petitions that are not submitted directly to and discussed with the proper college representative.**
- **DEADLINE:** The Academic Regulation Appeal Committee normally meets monthly. In order for a petition to be reviewed by the college/school and to be heard at a regular meeting, it must be submitted by the Friday before each monthly meeting. **Petitions for waiver of academic suspension must be submitted at least ten business days before the start of classes.**
- **SUPPORTING DOCUMENTATION REQUIRED:**
  - If the problem is health related, a written statement from an attending physician, Student Health Services and/or Counseling Center must accompany this petition. The statement must be on the original attached medical form or on letterhead stationary, specifying the dates and the nature of your illness, and indicating that your illness was of such severity as to affect college work and class attendance.
  - If you are citing other circumstances beyond your control as the reason for your difficulty, documentation from appropriate persons on official letterhead stationary is required.
  - When confidentiality is essential and you have had personal problems which have affected your academics, you should consult the Counseling Center on-campus for a written recommendation.

- **WAIVER of ACADEMIC SUSPENSION:**

*If you are petitioning for reinstatement because of an Academic Suspension, please be advised that, if approved, you will be placed on academic probation, and you must obtain a minimum term GPA of 2.0. Failure to do so will result in a subsequent academic suspension.*

*NOTE: Once the petition is approved, you should attend all classes and immediately be prepared to complete the registration process after the Academic Regulation Appeals Committee has given you permission to register.*

- **NOTIFICATION:**

*The Registrar's Office will notify you of the committee's decision in writing at the address you enter on the petition form. Your college/school representative will contact you within 48 hours of the meeting. Please note that if you pre-registered, your classes will not automatically be reinstated; therefore, you must contact your academic advisor so that you may re-register for classes.*

- **CONTACT:**

*Please contact your College/School Representative listed below should you have any questions.*

#### **UNDERGRADUATE ACADEMIC REGULATION APPEAL COMMITTEE REPRESENTATIVES**

<b>COLLEGE/SCHOOL &amp; REPRESENTATIVE</b>	<b>LOCATION/CONTACT</b>
<i>Dr. Cheree Wiltsher Committee Chair</i>	<i>314 Lewis Beck Bldg. 850.412.7852</i>
<b>Committee Co-Chair, College of Social Sciences, Arts and Humanities (CSSAH)</b> <i>Mrs. Annette Washington</i>	<i>214 Tucker Hall 850.599.3430</i>
<b>School of Allied Health Sciences (SOAHS)</b> <i>Mrs. Yvonne Nelson-Langley</i>	<i>306 Lewis Beck Bldg. 850.412.7123</i>
<b>College of Agriculture and Food Sciences (CAFS)</b> <i>Dr. Verian Thomas</i>	<i>Rm #306 South Perry-Paige Bldg. 850.599.3383</i>
<b>College of Education (COE)</b> <i>TBA/Dean's Office</i>	<i>659 Ardelia Court #109 850.599.3619</i>
<b>College of Pharmacy and Pharmaceutical Sciences (COPPS)</b> <i>Mr. Anthony Norton</i>	<i>300 New Pharmacy Bldg. 850.599.3016</i>
<b>College of Science and Technology (COSAT)</b> <i>Mrs. Edna Cofield</i>	<i>105 University Commons 850.412.5978</i>
<b>School of Architecture and Engineering Technology (SAET)</b> <i>Dr. Ronald Lumpkin</i>	<i>122B ARC 850.599.3244</i>
<b>School of Business and Industry (SBI)</b> <i>Dr. Felicia Williams</i>	<i>302 SBI East 850.561.2371</i>
<b>School of Environment (SOE)</b> <i>Dr. Elijah Johnson</i>	<i>305D SRC 850.599.8195</i>
<b>School of Journalism and Graphic Communication (SJGC)</b> <i>Prof. William Jiles/Denee Glenn</i>	<i>SJGC Suite 4020 850.599.3379</i>
<b>School of Nursing (SON)</b> <i>Mrs. Yvette Tellis</i>	<i>103 Ware Rhaney Bldg. 850.599.3458</i>
<b>Office of the Registrar</b> <i>Ms. Vernese Wade and Ms. Novella Franklin</i>	<i>112 Foote-Hilyer 850.599.3115 and 850.412.6538</i>
<b>Office of Undergraduate Success</b> <i>Ms. Charlene Howard</i>	<i>104 University Commons 850.412.7994</i>
<b>TRIO Programs &amp; CeDAR</b> <i>Ms. Sonya Knight</i>	<i>TRIO Center 850.599.3055</i>

UNDERGRADUATE ACADEMIC REGULATION APPEAL PETITION
(MUST BE LEGIBLE - USE BALL POINT PEN OR TYPE)

1. NAME: STUDENT ID#:
ADDRESS: CITY/STATE/ZIP:
PHONE #: E-MAIL:

2. CHECK NATURE OF PETITION:

A. WAIVER OF ACADEMIC SUSPENSION: (Pre-fall Matriculation 2015) ( ) 1st Suspension ( ) 2nd Suspension
( ) Fall ( ) Spring ( ) Summer Year

B. RETROACTIVE COURSE WITHDRAWAL: ( ) Fall ( ) Spring ( ) Summer Year

MUST INCLUDE:
\*Prefix Course # Class # Section Date last attended
\*Prefix Course # Class # Section Date last attended
\*Prefix Course # Class # Section Date last attended

C. ADD &/or \*SWAP (\*Swap must remain same credit hours): Term: Year
(Include a grade change form for course updates/swaps for a prior semester)

Circle Request: Credit Hrs
(Add, Swap/Add, Swap/Drop)
\*Prefix Course # Class # Section (Add, Swap/Add, Swap/Drop)
\*Prefix Course # Class # Section (Add, Swap/Add, Swap/Drop)
\*Prefix Course # Class # Section (Add, Swap/Add, Swap/Drop)
\*Prefix Course # Class # Section (Add, Swap/Add, Swap/Drop)

\*\* Late add payments are due two weeks after approved decision by committee. Payment Due Date:

3. ON A SEPARATE SHEET OF PAPER, PLEASE EXPLAIN IN DETAIL THE FOLLOWING:

Specify the nature of your problem. Explain why the University General Regulations should be set aside for you (including why the requested action was not completed by the established deadline). The Academic Regulations that apply to all students are available in the FAMU catalog and via the Registrar's website. Attach additional pages and/or documentation as deemed necessary. Please also attach your current unofficial transcript.

Are you currently enrolled? Yes ( ) No ( ) (If no, indicate last term ) Current Semester Hours ;
Present Major ; If changing major, attach an approved Change of Major form.
Are you a candidate for graduation? Yes ( ) No ( )

Student's Signature: Date:

D. **ADMINISTRATIVE DROP:** (An administrative drop request is facilitated via the Office of the Provost.)

( ) Fall ( ) Spring ( ) Summer Year \_\_\_\_\_

\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_

\_\_\_\_\_  
Dean or Dean’s Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost or Provost’s Designee Signature

\_\_\_\_\_  
Date

**STOP....DO NOT WRITE BELOW THIS LINE (For official use only)**

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UNDERGRADUATE ACADEMIC REGULATION APPEAL  
PETITION COMMITTEE DECISION FORM

REPRESENTATIVE’S COMMENTS:

( ) Recommend Approval ( ) Recommend Disapproval ( ) Defer To Committee

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Committee Representative’s Signature

\_\_\_\_\_  
Date

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THE DECISION OF THE COMMITTEE IS AS FOLLOWS:

( ) Approved ( ) Disapproved  
( ) No Action ( ) Approved pending receipt of:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Academic Appeal Chairperson’s Signature

\_\_\_\_\_  
Date

UNDERGRADUATE ACADEMIC REGULATION APPEAL PETITION
INSTRUCTOR'S STATEMENT

The student listed below is petitioning the Academic Regulation Appeal Committee for a retroactive withdrawal or in some instances a late enrollment for your course. Please answer all of the following questions concerning the student and return this form to the Appeal Representative.

Instructor: \_\_\_\_\_ Student: \_\_\_\_\_

Course: \_\_\_\_\_ Student I.D. \_\_\_\_\_

Semester/Term: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

(\*Please answer question #1 and highlighted \*\* below, if the appeal is for a late add/enrollment request only)

- 1. \* Does the student have permission to add this class late? ( ) Yes ( ) No
\* If applicable, do you authorize student's access to the course Canvas section in order to meet course requirements?
An email will be sent to OIT to authorize the student's being added to the Canvas course section.
( ) Yes ( ) No
2. What was the student's attendance record?
( ) Never Attended ( ) Irregular Attendance ( ) Regular Attendance ( ) Completed Semester
3. If attended, what date did the student stop attending class? \_\_\_\_\_
(Information required pursuant to federal regulations for financial aid assistance).
4. How was the student performing at the time he/she stopped attending class?
( ) Passing ( ) Failing ( ) No Information Available
Comments:
6. How was the student performing at the withdrawal deadline?
( ) Passing ( ) Failing ( ) No Information Available
Comments:
7. Did the student have any basis for estimating his/her performance level prior to the withdrawal deadline and/or the impact on the final grade? (Graded exams, papers, assignments, etc.)
( ) Yes ( ) No
Comments:
8. What is your reaction to this student being permitted to withdraw from your course late?
( ) Support ( ) No Objection ( ) Oppose
9. Based on his/her academic performance, attitude toward meeting the requirements of the class, and any other factors you deem pertinent. State your honest opinion on whether the academic regulation governing course withdrawal should be set aside for this student.

\*\*Student's signature below represents his/her acceptance of full responsibility for the completion of any relevant coursework and assignments and an exertion of the effort required for successful completion of course. If approved, student may not subsequently request a retroactive withdrawal for this course.

\_\_\_\_\_  
Date Student Signature (Please Sign)

\_\_\_\_\_  
Date Instructor's Signature (Please Sign) \_\_\_\_\_  
Campus Extension

**UNDERGRADUATE ACADEMIC REGULATION APPEAL PETITION  
MEDICAL/HEALTH STATEMENT**

**DIRECTIONS:** The lower part of this form should be completed by the appropriate medical professional and the entire form should be returned, in a sealed envelope from the physician's office, with the name, address and phone number inscribed to your Appeal Representative along with your petition.

**TO BE COMPLETED BY THE STUDENT:**

- 1. Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 2. Medical/Health Problem Pertains to: [Check One] ( ) Student ( ) Immediate Family Member
- 3. Relevant Time Frame: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Include All Relevant Dates)
- 4. This will authorize Dr. \_\_\_\_\_ to release the information requested below to the Florida A & M University Academic Appeals Committee for the purpose of supporting my appeals petition.

Witness Signature	Date	Student Signature	Date
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**TO BE COMPLETED BY PHYSICIAN (Fill in details below):**

The student listed above is petitioning the Academic Regulation Appeals Committee of the Florida A&M University for special consideration regarding a FAMU regulation. The student feels a medical problem may have directly or indirectly contributed to the need for such consideration. We would appreciate your cooperation in answering the following questions. Please provide all pertinent data so an appropriate decision can be made. Thank you for your help in this matter.

- 1. Physician's Name: \_\_\_\_\_
- 2. Address: \_\_\_\_\_  
\_\_\_\_\_
- 3. Telephone #: (\_\_\_\_\_) \_\_\_\_\_
- 4. License# & State: \_\_\_\_\_
- 5. Dates you treated this student \_\_\_\_\_ or family member: \_\_\_\_\_
- 6. If family member, please indicate relationship to the student: \_\_\_\_\_
- 7. In your opinion, was the student able to attend class? ( ) Yes ( ) No  
If not, for how long? \_\_\_\_\_
- 8. Please answer the following questions based upon the severity of your patient's illness that could have impacted his/her college work:

9. Could the length of class be pertinent to student's ability to attend (e.g.; student could attend at least 1 hour but not be physically active)?

Please explain:

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10. Could strenuousness of class be a factor in student's ability to attend (e.g.; could student sit for an hour but not be physically active)?

Please explain:

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11. Could medical condition affect student's ability to study or participate in class for periods of time?

Please explain:

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12. Could medications you prescribed have interfered in any way with student's academic performance? Please explain:

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**Additional Comments:**

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Physician's Signature \_\_\_\_\_

Date: \_\_\_\_\_

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