

**ADMINISTRATIVE RECORD CHANGE
(NON-REFUND REQUEST)**

The Petitions Committee reviews written appeals from students on such matters as academic suspension and any other matters in which the student is seeking an exception to College decisions, policies, and rules.

PLEASE COMPLETE ALL INFORMATION

NAME: _____

SOCIAL SECURITY
NUMBER: _____ - ____ - ____

ADDRESS: _____

OBTAIN FINANCIAL AID
OFFICE SIGNATURE
OBTAIN VA
OFFICE SIGNATURE
FA/VA Recommendation

TELEPHONE NUMBER: _____

DO YOU WORK () YES () NO If yes, how many hours per week

Please indicate below the action or matter you are requesting the Petitions Committee to review. **Please use the reverse side of this form or attach additional sheets to provide a written explanation of your request. You must provide documentation which supports your request. If you do not attach documentation, your request will not be considered.**

- () **Re-admission on Suspension** - As a student on suspension, you are NOT permitted to enroll at Seminole Community College for one term. Since you are requesting re-admission without serving the one term suspension, you must provide a detailed plan on how you plan to improve your academic performance, if re-admitted. In addition, you must provide an explanation as to why you have not maintained satisfactory academic progress in the past. **Your appeal will not be considered by the Petitions Committee until all information and documentation is received.**
- () **Appeal for Fourth Attempt:** A fourth attempt may be allowed based on major extenuating circumstances which must be documented. This means a fourth attempt at Seminole Community College starting in the fall of 1997. Attempts at other colleges do not count. Should the appeal be approved:
 1. Grades from the third and fourth attempts will be calculated in the grade point average.
 2. The full cost of instruction will be charged.
 3. This is the last opportunity to complete this course.
 4. If you stop attending for any reason, a grade of "F" will be assigned.
- () **Request to audit course(s) previously taken with C or better grade:** Instructor's written permission is required if request is not processed prior to the last day to drop, audit, or request 100% refund.
Course Title: _____ Course Number: _____ Term Audited: _____
- () **Request to repeat course(s) previously taken with C or better grade:** Instructor's written permission is required if request is not processed prior to the last day to drop, audit, or request 100% refund.
Course Title: _____ Course Number: _____ Term Repeated: _____

Office Use Only:

Date Received:

ADMINISTRATIVE ACTION: () Approved () Denied () Referred to Petitions Committee

Signature _____ Title _____ Date _____

PETITIONS COMMITTEE ACTION: () Approved () Denied () Tabled
Comments/Recommendations

Signature of Chair of Petitions Committee
Revised February 24, 2005 Petnonrf.doc M-Word

Date