

**SEMINOLE COMMUNITY COLLEGE
REQUEST FOR EXEMPTION FROM FULL COST OF INSTRUCTION
COLLEGE PREPARATORY and COLLEGE CREDIT COURSES**

Students enrolled in the same COLLEGE PREPARATORY (240.117, f.s.) class within a skill area or students enrolled in the same undergraduate COLLEGE-CREDIT (240.124, f.s.) course more than two times shall pay fees at 100 percent of the full cost of instruction.

Request for Exemption: (Return this form to the Office of Enrollment Services (Bldg. A-Room 103) for the Petitions Committee.)

Due to extenuating circumstances I request an exemption from the full cost of instruction for the following course:

Course Number	Section Number	Title	Term

I understand that an exception due to extenuating circumstances may be granted only ONCE for each class. I understand that during the third attempt I cannot withdraw and must receive a grade (neither withdrawals nor incompletes). I understand that a fourth attempt may be granted through the Petitions process; however, the full cost of tuition will be assessed and the average of the third attempt and fourth attempt is posted to the transcript.

PLEASE INDICATE EXTENUATING CIRCUMSTANCE:

- financial hardship:** Students receiving need-based financial assistance, i.e., Pell, College Work Study, FSAG, Subsidized Stafford Loans, etc., may submit documentation from the Financial Aid Department as proof of financial hardship. Academic Scholarships and Short Term Loans DO NOT qualify.
- serious illness (attach doctor's statement or hospitalization record)
- documented medical condition preventing completion (attach doctor's statement)
- death of an immediate family member (attach death certificate)
- involuntary call to active military duty (attach military orders)
- documented learning or physical disability (attach documentation)
- other emergency circumstances or extraordinary situations, such as natural disasters (attach documentation)
- other extenuating circumstances -- please provide documentation

EXPLANATION OF EXTENUATING CIRCUMSTANCE (Please attach documentation.) _____

Last Name	First Name	MI	Social Security Number
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(Street)	(City)	(State)	(Zip)
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Student Signature	Date	Telephone Number
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Student's yellow copy should be presented at time of registration to the Registration Assistant.

<i>Office Use Only:</i>	Date Received:
ADMINISTRATIVE ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Referred to Petitions Committee

Signature	Title	Date
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PETITIONS COMMITTEE ACTION: Approved Denied Tabled

Comments/Recommendations:

Signature of Chair of Petitions Committee	Date
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