

# College of Agricultural and Life Sciences (CAL S)

## Petition for Third Course Drop

<b>Name:</b>	<b>UF ID:</b>	<b>Date:</b>
<b>Major:</b>	<b>Email:</b>	<b>Phone:</b>

**Instructions:** Your petition will be *returned without review* if the instructions are not followed.

1. **Dropping a course may affect your payment of fees, financial aid, graduation, course sequencing, immigration status, eligibility for housing, participation in intercollegiate athletics, on-campus employment, insurance coverage, or status as a full time student. For details, refer to the University of Florida Catalog. Be certain that you have considered ALL implications of dropping a course before proceeding.**
2. **Petitions lacking appropriate documentation of extenuating circumstances will be returned without review. Appropriate documentation is considered objective, verifiable forms of proof of an extenuating circumstance that has a clear cause-effect relationship upon your academic performance in the course you wish to drop.**
3. **Before submitting this petition, consult your instructor to consider all options for completing the course and fill out the *Instructor Evaluation Form* (attached).**
4. **Full course participation is required while your petition is being reviewed. Poor (or no) attendance is a major reason for denying petitions.**
5. **Complete the *Petition Narrative & Advisor Approval Form* (attached).**

*My signature verifies that I have read and understand these instructions.*

\_\_\_\_\_

*Student's Signature*
*Date*

Examples of documentation (intended only as a general guideline):

Appropriate Documentation	Inappropriate Documentation
<ul style="list-style-type: none"> <li>Letters from the UF Student Health Care Center or the UF Counseling Center supporting your request and stating why your problem affected your performance in only the course(s) you are requesting to drop. [e.g., a sprained ankle is an appropriate reason for dropping a phys ed course and not your other courses).</li> <li>Letters from non-UF physicians, counselors, therapists, etc., supporting your request with specific language that addresses your academic performance in the course(s) in question.</li> <li>A police report, jury duty notice, or other official or legal documents that support your narrative.</li> <li>Plane/bus/train tickets, turnpike toll receipts, or other travel documents that show you were called away from campus for an emergency.</li> <li>Funeral announcements, obituaries, or death certificates of relatives that affected your academic performance.</li> </ul>	<ul style="list-style-type: none"> <li>Letters from your friends, parents or other relatives supporting your petition.</li> <li>Letters from employers stating that you have had to work a lot during the semester.</li> <li>Letters from student clubs, fraternities/sororities, etc., stating that you have been busy with extracurricular activities during the semester.</li> <li>Statements from anyone suggesting that you may not qualify for employment, financial aid, housing, graduate or professional school, or other activities if you do poorly in the course in question.</li> <li>Funeral announcements, obituaries, or death certificates of people whose relationship to you cannot be verified.</li> </ul>

# Petition Narrative & Advisor Approval

(To be completed by the student and their departmental Academic Advisor)

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*UF ID #*

\_\_\_\_\_  
*Classification (e.g., 3AG)*

Course(s) to be dropped:

Course number	Course title	Instructor	Section	Credits

Please type below a clear, concise narrative stating the reason(s) for your petition. Attach your documentation, and then take to your departmental Academic Advisor to discuss and sign.

**Departmental Academic Advisor: Please discuss the implications of this drop petition with the student and complete the following:**

The course is:     a departmental requirement     an elective     a UF or CALS requirement  
Recommendation:     approve     do not approve

Comments (required):

\_\_\_\_\_  
*Academic Advisor's Signature*

\_\_\_\_\_  
*Date*

**Return to:    Allen Wysocki, Associate Dean, PO Box 110270, 2020 McCarty Hall D**

# Instructor Evaluation Form

(To be filled out by the faculty member or teaching assistant responsible for evaluating students in the course)

\_\_\_\_\_ *Student Name*

\_\_\_\_\_ *UF ID #*

\_\_\_\_\_ *Classification (e.g., 3AG)*

Course number	Course title	Section	Credits
Instructor	Instructor's campus phone	Instructor's email	

**The above named student has submitted a petition to drop your course. This would be their third course drop within classification, and will be approved only if well-documented extenuating circumstances have negatively impacted their success in your course. The information you provide will help the College make a decision regarding this petition.**

Attendance pattern:     Regular     Irregular     Did not attend     Unable to document

Last date of attendance: \_\_\_\_\_

Approximate percentage of course completed: \_\_\_\_\_

Estimated grade: \_\_\_\_\_

Has the student consulted you prior to this time concerning his/her work?     Yes     No

Recommendation:     approve     do not approve

Comments:

--

\_\_\_\_\_ *Instructor's Signature*

\_\_\_\_\_ *Date*

**Return to:    Allen Wysocki, Associate Dean, PO Box 110270, 2020 McCarty Hall D**