

It is the student's responsibility to contact the instructor to complete and submit this form. If the instructor is no longer at the University of Florida, the department chair is authorized to complete this form.

UFID	Student Last Name	First Name	Class/College	Date
Student's Signature		Course Number	Section Number	Credit
E-mail Address		<input type="checkbox"/> I waive my right to have access to the information provided by the instructor or department concerning this petition. <input type="checkbox"/> I do not waive my right to have access to the information provided by the instructor or department concerning this petition.		

FACULTY / INSTRUCTOR USE ONLY

The University Student Petitions Committee is a joint committee of the President's Office and Faculty Senate that has been assigned the responsibility of evaluating petitions from students seeking a waiver of a university regulation. In many of these cases, instructor input is essential.

The committee's decision will be based on all available evidence, including your input and any medical and/or legal documentation the student provides. Please complete this form and provide as many details as possible.

Grades During Term (please include dates) _____ Final Grade Assigned for Course _____

☐ During Term Exams _____
☐ Final Exam or Assignment _____
☐ Quizzes _____
☐ Other Assignments _____

Attendance Pattern _____ Last Date of Attendance _____

Did the student discuss any concerns related to this petition with you during the term? ☐ Yes ☐ No

Faculty comments are particularly important to the committee's deliberations. The student may choose not to share the specific details of their petition or their documentation with you. Please do not hold this against the student as all of these factors will be considered in great detail when the student's petition is reviewed.

If you have an objection to this request, please detail your objection below or submit an additional statement on letterhead detailing your objection. Once completed, you may return the form to the student for delivery to the Office of the University Registrar or you may submit it directly using the information below.

Comments: _____

Instructor's Name, printed	Signature	Date
E-mail Address	Phone Number	