



3RD ATTEMPT FEE REDUCTION APPEAL
 Appeals must be submitted to the Office of the Registrar no later than **1** business day prior to the start of the term for which approval is sought.

Student Name: _____ Student ID: _____

Phone: _____ SF Email Address: _____

Students who are Florida residents are allowed to attempt a course twice at the in-state tuition rate. If the student registers for a course for the third time, Florida Administrative Code 6A-14.0301 requires the student to pay the full cost of instruction. A petition for fee reduction may be granted by the College Registrar for documented cases of extreme hardship. **Upon the third attempt, the student will not be permitted to withdraw and will receive a grade for that course.**

Students requesting a third attempt fee reduction are required to provide a **typed statement** and **supporting documentation** to explain the extenuating circumstances that affected their performance during previous attempts at the course and/or the current hardship that prevents them from paying the full cost of the instruction. Documentation for extenuating circumstances must be relevant to the terms where previous attempts were made.

Specify the course, section number and term for which you are requesting fee reduction. You must submit a separate form for each course.

Course Number _____ Section Number _____ Term/Year _____

Select the extenuating circumstance(s)	Examples of supporting documentation
<input type="checkbox"/> Documented medical condition or illness	<i>Letter from physician (letterhead, dated and signed), discharge papers</i>
<input type="checkbox"/> Financial Hardship	<i>Paystub and two bills on the student's name, qualification for federal need-based financial aid, food assistance, unemployment</i>
<input type="checkbox"/> Change in conditions of employment	<i>Documentation about changes in work schedule, termination letter (letterhead, dated and signed)</i>
<input type="checkbox"/> Involuntary call to active military duty	<i>Military orders including student's name</i>
<input type="checkbox"/> Documented learning disability	<i>Letter from physician or specialist (letterhead, dated and signed)</i>
<input type="checkbox"/> English as second language background	<i>Transcripts (ESL course history, primary language of instruction)</i>
<input type="checkbox"/> Other emergency circumstances	<i>Obituary and proof of family relationship, insurance documents, police reports, court documents</i>

You must meet with a Counselor in the Counseling Center (Northwest Campus, Building R, Room 227) before submitting a 3rd attempt appeal to the Office of the Registrar.

Counselor Signature: _____ Date: _____

Counselor Comments: _____

Appeal packets should not exceed eight pages total. Decisions will only be released through the college's official notification system. **Submit request via email to: attempts@sfcollge.edu or in person at the Office of the Registrar, Northwest Campus, Building R, Room 112.**

Student Signature: _____ Date: _____

OFFICE USE ONLY

Approved Denied Authorization: _____ Date: _____

Comments: _____