

**CENTRAL FLORIDA COMMUNITY COLLEGE**

Office of Retention and Student Success, Bryant Student Union, Room 5-201, 3001 S.W. College Road, Ocala, FL 34474  
Office: 352-854-CFCC, Ext. 1362; Fax: 352-873-5882

**WITHDRAWAL PETITION**

The College will consider a student's petition no later than one semester after the end of the semester in which the course was taken.

**PART I: STUDENT INFORMATION**

Name: \_\_\_\_\_ CFCC ID#: \_\_\_\_\_  
Last First MI

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PART II: REASON FOR WITHDRAWAL AND SUPPORTING DOCUMENTATION:**

Semester Requesting Withdrawal:  Fall  Spring  Summer (A) (B) (C) Year: \_\_\_\_\_

<u>REASON FOR WITHDRAWAL</u> <i>Check all that apply</i>	<u>DETAILS</u> <i>Check all that apply</i>
<input type="checkbox"/> <b>Medical</b> (Complete Attached Form)	<input type="checkbox"/> Student <input type="checkbox"/> Immediate Family Member
<input type="checkbox"/> <b>Legal</b> (Complete Attached Form)	<input type="checkbox"/> Student (Attach Documentation)
<input type="checkbox"/> <b>Death</b> (Appropriate documentation)	<input type="checkbox"/> Parent/Legal Guardian* <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling * Legal documents of guardianship must be enclosed
<input type="checkbox"/> <b>Involuntary call to military duty</b>	<input type="checkbox"/> Student (Attach military orders)
<input type="checkbox"/> <b>Other</b> (Attach letter and documents)	

**PART III: COURSE INFORMATION:** Use separate sheet for additional courses. Attach copies of e-mail from instructors of online courses. The instructor's signature is required for each course listed below in the current term, prior to grade(s) being issued.

#	COURSE	SECTION #	CREDIT HOURS	LAST DAY ATTENDED CLASS	INSTRUCTOR'S SIGNATURE (Please confirm last day attended)
1.					
2.					
3.					
4.					

**PART IV: AUTHORIZING SIGNATURES:**

**If you fall under any of the following categories, check (✓) the item and obtain a signature from the appropriate office.**

A. I am \_\_\_ receiving Veterans' benefits. VA Office Signature: \_\_\_\_\_

B. I am \_\_\_ an International Student. International Student Office Signature: \_\_\_\_\_

C. I am \_\_\_ on Financial Aid\*. Financial Aid Office Signature: \_\_\_\_\_

\*If you are receiving any type of financial aid through the College or have applied for financial aid, check with the Financial Aid Office.

If your Withdrawal petition is approved, it may adversely affect prior or future Financial Aid Awards.

<p><b>For Financial Aid Officer:</b> Please determine impact if withdrawal is approved with a refund / without a refund.</p> <input type="checkbox"/> No impact <input type="checkbox"/> Repayment of \$ _____ <input type="checkbox"/> Other: _____
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I hereby submit this petition form and all supporting documentation. By signing this document, I certify that I have read and understand the college policy and that all information submitted is complete and accurate. I also authorize verification of my documentation by the Office of Retention and Student Success.

\_\_\_\_\_  
Student's Signature Date

<p><b>Petition Advisor, Office of Retention and Student Success use only:</b></p> <p>___ Appropriate documentation for the request is attached. PA Signature: _____</p> <p>___ Course(s) listed above are not the student's third or fourth attempt since 1997. Date: _____</p> <p>___ Course(s) listed above are not a required preparatory class pursuant to college policy.</p> <p>___ Course(s) listed above are not Dual Enrollment, Law Enforcement or Corrections courses.</p>
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<p><b>Vice President for Student Affairs Office use only:</b></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> No Action <input type="checkbox"/> Refund <input type="checkbox"/> No Refund <input type="checkbox"/> Admin. Action</p> <p>Comments: _____</p> <p>Vice President for Student Affairs' Signature: _____ Date of Decision: _____</p>
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<p><b>Office of Admissions and Records use only:</b> Processed by: _____ Date Processed on: _____</p> <p>TGW 03/23/09</p>
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## PETITION FOR WITHDRAWAL AND REFUND OF FEES – INSTRUCTIONS

In keeping with Florida Administrative Rule 6A-14.0541, Central Florida Community College will consider a petition for withdrawal when the student files a request claiming that he or she was unable to complete the semester due to circumstances determined by the college to be exceptional and beyond the control of the student. These may include, but are not limited to: illness or injury of the student of such severity and duration, as confirmed in writing by a physician or licensed mental health professional, to preclude completion of the course(s); death of the student or the student's parent, spouse, child or sibling during the semester; extended, round-the-clock care of an ill relative; involuntary call to active military duty; or, incarceration.

**Students have one semester from the end of semester to file the petition. After six months, no petition will be accepted.**

**Where to File:** Any student attending the Ocala campus wishing to petition for withdrawal should contact the Coordinator of Retention and Student Success (Bryant Student Union) who will assist the student with completing the form and will explain the documentation and signatures required to support the petition. Students attending the Citrus Campus should contact one of the advisors in the Counseling and Advising Center. Students attending the Levy Center should contact the Enrollment Services Coordinator/Advisor.

### DOCUMENTATION REQUIREMENTS

Objective documentation of the exceptional circumstances (e.g., death certificate / obituary / funeral program, letter from physician or licensed mental health professional, military orders, or the college's official Medical or Legal Certification Form) must accompany the petition. Petitions submitted without appropriate supporting documentation will be denied.

The petition will be reviewed by the Vice President for Student Affairs or his designee. If approved, the student will receive a grade of "W" for each course. Within three weeks of submitting the petition, the student will receive notification of the decision by letter at the address the college has on record for the student. Students are responsible to ensure that the address and telephone number on record with the college are correct, so that proper notification can be achieved. A student may appeal the decision to the Academic Exceptions and Petitions Review Committee by filing a notice of appeal with the Office of Retention and Student Success within 21 days of the date the decision letter was sent by the Office of the Vice President for Student Affairs. Students appealing are expected to appear before the committee. The committee meets monthly. Decisions of the Petitions Committee are FINAL.

Your signature on the petition form indicates that you (1) have read and understand the college procedure and (2) that you understand that the college decides what constitutes "exceptional circumstances." All information submitted must be correct. Insufficient, inaccurate or false information can result in the denial of this.

### Refunds are granted in accordance with college policy and state regulations.

Students who have been turned over to collections may be obligated to repay the collections fees to the collections agency even if a refund is granted.

#### Possible valid reasons for a refund:

Death of student, parent, child or dependent, sibling or spouse during the semester  
Illness or injury of student or dependent of such severity or duration as to preclude successful completion of course  
Involuntary call to military duty  
Jury Duty

#### Circumstances **not** constituting valid reasons for refund:

Death of member of extended family or friends  
Change of work schedule or loss of job  
Loss of child care  
Incarceration  
Loss of transportation  
Issues involving method of instruction  
Dissatisfaction with course content  
Dissatisfaction of course grade  
Dissatisfaction with instructor  
Lack of understanding of refund policy  
Lack of understanding of College policy

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**WITHDRAWAL PETITION  
OFFICIAL MEDICAL or LEGAL CERTIFICATION FORM  
SECTION I: TO BE COMPLETED BY STUDENT**

Please check the type of information to be released from the appropriate official:  Medical  Legal  Death

**Student's Name:** \_\_\_\_\_ **CFCC ID#:** \_\_\_\_\_  
Last First MI Signature

<b>REASON FOR WITHDRAWAL</b> <i>Check all that apply</i>	<b>DETAILS</b> <i>Check all that apply</i>
<input type="checkbox"/> <b>Medical</b> Complete attached form	<input type="checkbox"/> Student <input type="checkbox"/> Immediate Family Member
<input type="checkbox"/> <b>Legal</b> Complete attached form	<input type="checkbox"/> Student (Attach documentation)
<input type="checkbox"/> <b>Death</b> Appropriate documentation	<input type="checkbox"/> Parent/Legal Guardian* <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling * Legal documents of guardianship must be enclosed

\*\*\*\*\* **PLEASE READ CAREFULLY** \*\*\*\*\*

The appropriate official (i.e.; licensed physician, clergy, Clerk of the Court, licensed mental health professional, judge or attorney) must complete Section II. The completed form may be returned to the student or forwarded to the appropriate mailing address. The student is affixing his/her signature in Section I and is authorizing the appropriate professional to release the information requested to the College for the purpose of supporting the petition for a withdrawal from Central Florida Community College.

**SECTION II: TO BE COMPLETED BY APPROPRIATE OFFICIAL  
(licensed physician, clergy, Clerk of the Court, licensed mental health professional, judge or attorney)**

The student is petitioning Central Florida Community College for special consideration regarding a college regulation. The student feels the reason stated in Section I above may have directly or indirectly contributed to the need for a withdrawal from the college. The information you provide will be used to determine if the student qualifies for the withdrawal. **Thank you in advance for your cooperation in this matter.**

If this section is applicable, all sections must be completed by the appropriate official who actually attended to the applicant or family member. If not completed properly, the withdrawal process will be delayed.

**Official's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **License#/State:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

In your opinion, could the student attend class during the relevant period?  YES  NO

**If no**, please specify the complete dates the student was unable to attend class and **ATTACH A LETTER ON OFFICIAL STATIONERY which briefly describes the student's condition or situation.** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**NOTE:** At the discretion of the Vice President for Student Affairs or the Petitions Committee, additional supporting documentation may be requested including copies of medical records.

**IMMEDIATE FAMILY MEMBER'S ILLNESS**

- Student is the sole round-the-clock care giver to his/her immediate family member?  YES  NO
- What is the relationship of the student to the family member? \_\_\_\_\_
- Duration of extensive care needed. **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**AUTHORIZED SIGNATURE ONLY**

\_\_\_\_\_  
**Original Signature of Appropriate Official** **Print Name** **Date**