

H A R R I E T L . W I L K E S
HONORS COLLEGE
 F L O R I D A A T L A N T I C U N I V E R S I T Y™

HONORS COLLEGE UNDERGRADUATE PETITION

To withdraw from **all** classes for the current term due to a **Medical hardship, Military obligations or Death in the immediate family, DO NOT** use this form; instead, please contact the Dean of Student Affairs.

Student's Name _____ Z # _____

Concentration _____ E-mail _____

Address _____

Local Telephone # _____

Step 1: Read all instructions and complete and provide all required documentation.

Step 2: Please **submit this form to David Flanigan (HC 132)** along with a typewritten statement supporting the petition and documentation such as medical records, letters from instructors etc. Petitions without the required documentation are not considered complete and will be deferred.

Step 3: You will be notified by email in due course of the results of the petition.

I request:

- | | |
|---|--|
| <input type="checkbox"/> Waiver of last 30 Hours Upper Division Course Work in residence requirement
<input type="checkbox"/> Waiver of Upper Division Credit Hour Graduation Requirement
<input type="checkbox"/> Approval of Non-Degree Credit Hours
<input type="checkbox"/> Late Add a class:

List Term, Course, Prefix, Sect. & Credit
<input type="checkbox"/> Core Course substitution (attach statement with signature of a faculty teaching in Core area and signature of faculty advisor)
<input type="checkbox"/> Reinstatement into FAU* for _____ Term
<small>*If you have attended another college or university since your last enrollment at FAU, please list and request that official transcripts be sent directly from their Registrar to the Office of the Registrar at FAU.</small> | <input type="checkbox"/> Change in Sections _____
<input type="checkbox"/> Total Withdrawal for a Specific Term: _____
<div style="text-align: right;">Term requested</div> <input type="checkbox"/> Late Withdrawal:

List Term, Course, Prefix, Sect. & Credit
<input type="checkbox"/> Concentration Course substitution (attach statement with signature of Concentration Advisory Board member) |
|---|--|

 (College or University)

 (Dates of Attendance)

Other: _____

Certification: I hereby certify that these facts are true and accurate to the best of my knowledge.

Student's Signature _____ Date _____

