

## **Fourth Attempt Appeal**

Please Read: Per Florida Administrative Code 6A-14.0301, a fourth attempt will be allowed only through an academic appeal based on <u>major extenuating circumstances</u>. To petition for a fourth attempt, complete this form and submit it along with your letter and relevant documentation. If your petition is approved, you will be assessed the full cost of instruction for the fourth attempt. Note: If you are receiving financial aid, veterans' benefits, or are an international student, please check with the appropriate office to determine if your request will affect your benefits or status.

| Deadline: In                        | e first day of classes for the session in which the fee reduct  | ion is sought.   |  |
|-------------------------------------|---|--|--|
| must explain                        | All request must include the below in of Explanation: Written explanation circumstances that is to why you were not successful in each of the previous attemess if you receive approval to enroll in the course for the forentation Transcripts   | he reason for your appeal. Your letter pts, and what steps you are taking to         |  |
|                                     |   |  |  |
| Name:                               | Student ID  | #:   |  |
| Email (primary                      | y contact):   | (Not Social Security Number)Phone:   |  |
| A ddrooo.                           | City, State 9 7in   |  |  |
| Address:                            | City, State & Zip:<br>Supporting Documentation  |  |  |
|                                     | <u>cal</u> -Physician's letter on official letterhead, or other medical docu<br>ion, and academic impact of the condition and recovery period.  | ments, indicating the severity,  |  |
| Emplo<br>work                       | <u>Employment</u> -a letter from your employee, on company letterhead, indicating that your employer changed your work schedule and that this change prevents you from completing the term. The letter must include old and new   |  |  |
| Death Active College                | work hours and the effective dates. <u>Death of Immediate Family Member-</u> documentation of the death and your relationship to the deceased. <u>Active Military Duty-</u> documentation must include a copy of orders. <u>College Change or Error-</u> a letter from the appropriate college official documenting the situation in which the college was in error or initiated an action that caused you to withdraw from your course(s).   |  |  |
| file an appeal: -Incar -Issue stude | circumstances are <b>NOT</b> considered extraordinary and extenuation:  ceration -Transportation issues -Issues involving course contects involving a lack of understanding of the withdrawal/refund policent handbook  information below for the course in which you are appealing the course in the course in which you are appealing the course in t | nt -Issues involving method of instruction cy as printed in the college catalog &    |  |
| Course Title                        | Course Prefix Course  | Number CRN# (5 digits)   |  |
| complete the<br>"students who       | that when taking any course for the fourth time, I may not exercise course and be assigned a grade, as specified in SBE Rule (a) withdraw or fail a class due to extenuating circumstances may I (2.124) Request received without proper documentation and ned.   | <b>6A-14.0301.</b> I also understand that be granted an exception only once for each |  |
| Student's sign                      | nature:   | Date:  |  |
|                                     | equest for consideration to:  | 11/12-KM   |  |
|                                     | nt Services Appeals Committee peals@fkcc.edu  |  |  |
| Florida Keys (                      | Community College, 5901 College Road, Key West, FL 33040 809-3292 Fax: (305) 292-5163   | Approved<br>Denied   |  |
|                                     |   | By:  |  |