

# Florida Agricultural and Mechanical University

## Graduate Academic Regulation Appeal Petition

Please read thoroughly before submitting

The Graduate Council considers petitions from graduate students seeking exceptions to the academic regulations stated in the FAMU catalog. Appeal applications must be filed and considered prior to graduation. The attached form should be used for the following types of appeal:

1. Waiver of Academic Suspension
2. Late or retroactive course withdrawal (limited to one year after course enrollment)  
(Submission to School of Graduate Studies with all signatures five work days prior to the deadline)
3. Late add/swap of registration (limited to the current semester)
4. Administrative drop(s) – Department error
5. Late application for graduation (limited to four weeks after the published term deadline)
6. A total withdrawal for the semester cannot be processed using this form. Please contact your Dean's Office for the proper procedure for obtaining the Petition for a Retroactive Term Withdrawal form.

**NOTES:** *All supporting documentation must accompany all appeal petitions. This action could affect your current and future financial aid award(s); therefore, it is suggested that you check with the Office of Student Financial Aid for your status before submitting this petition.*

**Please adhere to the following:**

- I. PETITIONS:** may be obtained from and returned to the Graduate Coordinator in the College/School of your major. **The original completed petition and supporting documents must be submitted.** Colleges are not responsible for petitions that are not submitted directly to and discussed with the proper college representative.
- II. DEADLINE:** The Graduate Council normally meets monthly. In order for a petition to be reviewed by the college/school and to be heard at a regular meeting, it must be submitted by the end of the first week of each month. **Petitions for re-admission (after an academic suspension) must be submitted at least ten working days before the start of classes.**
- III. SUPPORTING DOCUMENTATION REQUIRED:**
  - A. If the problem is health related, a written statement from an attending physician, Student Health Services, and/or Counseling Center must accompany this petition. The statement must be on the original attached medical form or on letterhead stationery, specifying the dates and the nature of your illness, and indicating that your illness was of such severity as to affect college work and class attendance.
  - B. If you are citing other circumstances beyond your control as the reason for your difficulty, then the petition letterhead stationery is required.
  - C. If you have had personal problems which have affected your college work, and you desire confidentiality, then you should consult with the Counseling Center on-campus and request a written letter of support, which should be submitted in a sealed envelope.

#### **IV. ACADEMIC SUSPENSION WAIVER:**

If you are petitioning for a reinstatement because of an Academic Suspension, please be advised that, if approved, you will be placed on academic probation. You will be required to obtain a minimum term GPA of 3.0 the next semester. Failure to do so will result in you being placed on a final academic suspension.

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### **V. NOTIFICATION:**

The School of Graduate Studies and Research will notify you of the Graduate Council's decision, in writing, at the email address that you provided on the petition form. You will be contacted by your college/school's representative within 48 hours of the meeting. Please note that if you pre-registered, your classes will not automatically be reinstated; therefore, you must contact your academic advisor so that you may re-register for classes.

### **VI. CONTACT:**

Please contact your College/School Representative should you have any questions.

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(MUST BE LEGIBLE – USE BALL POINT PEN OR TYPE)

NAME: \_\_\_\_\_ STUDENT I.D. #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

1. CHECK NATURE OF PETITION:

A. **WAIVER OF ACADEMIC SUSPENSION:**

( ) Fall ( ) Spring ( ) Summer Year \_\_\_\_\_

B. **RETROACTIVE COURSE WITHDRAWAL:** ( ) Fall ( ) Spring ( ) Summer Year \_\_\_\_\_

**Must Include Below:**

\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_ Date last attended \_\_\_\_\_  
\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_ Date last attended \_\_\_\_\_  
\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_ Date last attended \_\_\_\_\_  
\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_ Date last attended \_\_\_\_\_

C. **LATE COURSE ADD:** Term: \_\_\_\_\_, Year \_\_\_\_\_

\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_ (Add )  
\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_ (Add )  
\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_ (Add )  
\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_ (Add )

D. **SWAP a COURSE:** Term: \_\_\_\_\_, Year \_\_\_\_\_

Drop (Swap) \*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_ ↓  
→Add (Swap)\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_

DI. **CHANGE HOURS:** Use this section to change (increase/decrease) the hours for a course in which you are currently enrolled. Term: \_\_\_\_\_, Year \_\_\_\_\_

\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_  
Change Hours (from) \_\_\_\_\_ hrs (to) \_\_\_\_\_ hrs

F. **ADMINISTRATIVE DROP:** (An Administrative Drop request requires the Academic Dean's or Director's signature.)

( ) Fall ( ) Spring ( ) Summer Year \_\_\_\_\_

\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_  
\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_  
\*Prefix \_\_\_\_\_ Course # \_\_\_\_\_ Class # \_\_\_\_\_ Section \_\_\_\_\_ Hours \_\_\_\_\_

G. **LATE APPLICATION FOR GRADUATION FOR TERM:** \_\_\_\_\_ Year \_\_\_\_\_

H. **OTHER:** Specify \_\_\_\_\_

I. **What term did you begin your current graduate program?** (Sem) \_\_\_\_\_ (Year) \_\_\_\_\_

J. **Are you currently enrolled?** Yes ( ) No ( ); If "No", indicate last term enrolled \_\_\_\_\_;

K. **Current Semester Hours** \_\_\_\_\_; **Present Major** \_\_\_\_\_.

2. **ON A SEPARATE SHEET OF PAPER, PLEASE EXPLAIN IN DETAIL THE FOLLOWING:**

- The specific nature of your problem;
- The reason why the University's General Regulations should be set aside for you (including why you did not withdraw by the regular withdrawal deadline). In addition, please attach additional pages and/or documentation you deem necessary and a copy of your current unofficial transcript. The academic regulations that apply to all students are available in the FAMU catalog.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GRADUATE ACADEMIC REGULATION APPEAL  
PETITION GRADUATE COUNCIL' DECISION FORM**

**Graduate Council Representative(Chair):** \_\_\_\_\_  
**Print Name**

Recommend Approval     Recommend Disapproval     Defer To Graduate Council

Comments:

\_\_\_\_\_  
**Graduate Council Representative Signature**

\_\_\_\_\_  
**Date**

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**THE DECISION OF THE GRADUATE COUNCIL IS AS FOLLOWS:**

Approved     Disapproved     No Action     Approved pending receipt of:

Comments:

\_\_\_\_\_  
**Academic Appeal Chairperson Signature**  
Associate Provost for Graduate Education and  
Dean of the Graduate School

\_\_\_\_\_  
**Date**

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## Graduate Academic Regulation Appeal Petition

### GRADUATE COUNCILS' INSTRUCTOR'S STATEMENT

The student listed below is petitioning the Graduate Council for a Retroactive withdrawal/ Late Add/Swap, from your course. Please answer all of the following questions concerning the student and return this form to the Graduate Coordinator in the College/School.

Instructor: \_\_\_\_\_ Student: \_\_\_\_\_

Course: \_\_\_\_\_ Student I.D. \_\_\_\_\_

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

(\*Please answer question #1, if the appeal is for a late add request only)

1. \* Does the student have permission to add this class late? ( ) Yes ( ) No

2. What was the student's attendance record?

( ) Never Attended ( ) Irregular Attendance ( ) Completed Semester

3. If attended, what date did the student stop attending class? \_\_\_\_\_

#### (Information required pursuant to federal regulations for financial aid assistance.)

4. How was the student performing at the time he/she stopped attending class?

( ) Passing ( ) Failing ( ) No Information Available

Comments:

5. How was the student performing at the withdrawal deadline?

( ) Passing ( ) Failing ( ) No Information Available

Comments:

8. Did the student have any basis for estimating his/her performance level prior to the withdrawal deadline and/or the impact on the final grade? (Graded exams, papers, assignments, etc.)

( ) Yes ( ) No

Comments:

9. What is your reaction to this student being permitted to withdraw from your course late?

( ) Support ( ) No Objection ( ) Oppose

10. Based on his/her academic performance, attitude toward meeting the requirements of the class, and any other factors you deem pertinent, state your honest opinion on whether the academic regulation governing course withdrawal should be set aside for this student.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor's Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Campus Number/Email

\_\_\_\_\_  
Date

# Florida Agricultural and Mechanical University

## Graduate Academic Regulation Appeal Medical Form

(MUST BE LEGIBLE – USE BALL POINT PEN OR TYPE)

**DIRECTIONS:** The lower part of this form should be completed by the appropriate medical professional and the entire form should be returned, *in a sealed envelope from the physician's office, with the name, address and phone number inscribed to your Appeal Representative along with your petition.*

### TO BE FILLED IN BY THE STUDENT:

1. Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_
2. Medical Problem Pertains to: (Check One) ( ) Student ( ) Immediate Family Member
3. Relevant Time Frame: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Include Total Dates)
4. This will authorize Dr. \_\_\_\_\_ to release the information requested below to the Florida A&M University Academic Regulation Appeals Graduate Council' for the purpose of supporting my appeals petition.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### TO BE FILLED IN BY PHYSICIAN:

The student listed above is petitioning the Graduate Council of the Florida A&M University for special consideration regarding a FAMU regulation. The student feels that a medical problem may have directly or indirectly contributed to the need for such consideration. We would appreciate your cooperation in answering the following questions. Please provide all pertinent data so that an appropriate decision can be made. Thank you for your help in this matter.

1. Physician's Name: \_\_\_\_\_ Email: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone #: (\_\_\_\_) \_\_\_\_\_ 4. License# & State: \_\_\_\_\_
5. Dates you treated this student \_\_\_\_\_ or family member: \_\_\_\_\_
6. If family member, please indicate relationship to the student: \_\_\_\_\_

**Please answer the following questions, based upon the severity of your patient's illness that could have affected his/her college work.**

7. In your opinion, was the student able to attend class after treatment? ( ) Yes ( ) No  
If not, how long was the student required to be away from school? \_\_\_\_\_
8. Could the length of class affect the student's ability to attend (e.g. student could attend at least 1 hour but not Be physically active)? ( ) Yes ( ) No

**Please explain:**

9. Could a strenuous class be a factor in the student's inability to attend (e.g. could the student sit for an hour but not be physically active)? ( ) Yes ( ) No

**Please explain:**

10. Could the medical condition affect the student's ability to study or participate in class for extended periods of time?  
( ) Yes ( ) No

**Please explain:**

11. Could the medications you prescribed have interfered in any way with student's academic performance?  
( ) Yes ( ) No

**Please explain:**

Additional Comments:

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_