Eastern Florida STATE COLLEGE

Office Use Only:
B: _____
Admit Year: _____
Received by: _____
Received Date: _____
Student ID Verified: _____

APPEAL FOR EXEMPTION TO THE FULL COST REQUIREMENT FOR THIRD OR FOURTH ATTEMPTS

PLEASE PRINT ALL INFORMATION

Today's Date: _____

Name: _____
Last First M.I.

☐ Check here if this is a new address

Address: _____

EFSC ID #: B_____ Phone #:_____

☐ Check box if receiving a Federal Pell Grant

I will be registering for the following course(s) and am requesting an exemption:

Course Prefix & Number	Section #	Course Title	Term

(An exemption may be granted only once per course and must be determined to be exceptional and beyond the control of the student)

Extenuating Circumstances

	Serious illness
	Medical condition preventing completion
	Death of an immediate family member
	Called to or enlisted in active military duty
	Other emergency circumstances or extraordinary situation
	Financial Hardship

☐ Documentation on file in Collegewide Chair Office

I understand that, per State Board of Education Rule 6A. 14.0301, the third attempt is the final attempt for the above class(es).
I understand that I cannot withdraw from this class(es) and that the grade(s) I receive will be final.

_____
Student Signature Date

☐ Approved ☐ Not Approved _____
Collegewide Chair or Dean Date

Distribution: Original to Accounting, copy to Collegewide Chair and Student