Eastern Florida STATE COLLEGE

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

# APPEAL FOR EXCEPTION TO MAXIMUM ATTEMPTS PER COURSE

## (Student Requests 4th Attempt By Exception)

**Name:** _____ **Student Number: B** _____

**Address:** _____ **E-mail Address:** _____

**City:** _____ **State:** _____ **Zip:** _____ **Telephone:** _____

## Course Information

| Term/Year | Prefix | Number | Section | Title |
|---|---|---|---|---|
| | | | | |
| | | | | |

Florida State Board of Education Rule [6A-14.0301(3)] dictates that students are permitted only three attempts per course. Fourth attempts are allowed by exception only. Students must appeal to take a course more than three times. No more than four attempts per course are permitted.

An appeal for a fourth attempt of a course(s) requires the following information to be submitted by the student:

1. This form must be completed and signed by the student.
2. A letter addressed to the Associate Provost/Dean. This letter must address the following items:
   a. Reasons for your not passing or withdrawing from the course on the first three attempts,
   b. Explanation of how the course(s) meets the requirements for your program of study at Eastern Florida State College and/or transfer degree program, (include a copy of degree audit)
   c. Explanation of your academic goals, and
   d. Description of your plan for success in the course(s) if approved for a fourth attempt.
3. Documentation of any extenuating circumstances preventing success in the class on the first three attempts.
4. Complete and sign "contract."

**Incomplete appeals will not be considered.**

I understand that I am appealing to exceed the maximum attempts per course. If this appeal is approved, I will be responsible for paying the full cost of instruction. Further, I will not be permitted any additional attempts on this course.

Student's Signature: _____ Date: _____

☐ Approved ☐ Denied

Associate Provost/Dean: _____ Date: _____

SFASRPO Processed _____ Scanned _____
Initials/Date Initials/Date

SC-111 R011618 Distribution: Original to Associate Provost/Dean, Copy to Student