

Mitigating Circumstances Petition

(Withdrawal from Course(s) or from University pursuant to FPU-5.01033AP)

Students must use this form when withdrawing from some or all courses enrolled in at the University during a semester as described in University Policy **FPU-5.01033AP Student Withdrawal for Mitigating Circumstances**.

The student must complete this form and get it signed by University officials as indicated below under "Required Approvals and Signatures." The student must obtain approval from Student Affairs **FIRST**. The student must submit the completed form to the Office of the University Registrar.

Student UID: _____ Email: _____@floridapoly.edu

Student Last Name: _____ First Name: _____

Phone (____) _____ Major: _____

Semester and Year in which student is seeking the Mitigating Circumstances Withdrawal: _____ semester, 20____

Course(s) to be withdrawn from: All courses in the semester Only the following course(s):

Course Title	Course Prefix	Course Number	Course Section	Credits

Last Date of Attendance in courses requesting withdrawal from: _____

Request to withdraw from course(s) effective : Immediately Immediately after the end of semester

Do you plan to return to Florida Poly? Yes No If yes, when? Term: _____ Year: _____

Are you receiving Veteran's Benefits? Yes No Do you live in on-campus housing? Yes No

Do you have a meal plan? Yes No

I am requesting withdrawal from course(s) identified above and certify that the information provided by me on this form is truthful and accurate.

Student's Signature: _____ Date: _____

After obtaining University officials' signatures on page 2, student must submit the form and supporting documentation to the Office of the University Registrar.

MITIGATING CIRCUMSTANCES (Check circumstances applying to you below)	
1.	<input type="checkbox"/> Serious medical condition that renders student unable to complete course(s). (Complete this form and submit it along with <i>Medical Provider Statement to Support a Student's Petition for Mitigating Circumstances Withdrawal</i> form.)
2.	<input type="checkbox"/> Serious family emergency that renders student unable to complete course(s). (Complete this form and submit it along with supporting documentation.)
3.	<input type="checkbox"/> Other extenuating circumstances outside of the student's control. The circumstances are _____ _____ (Complete this form and submit it along with supporting documentation.)

Required Approvals and Signatures: (Start with Student Affairs)

Student Affairs: _____
Name Signature Date

Bursar's Office: _____
Name Signature Date

Success Coach: _____
Name Signature Date

Financial Aid Office: _____
(If receiving financial aid) Name Signature Date

International Student Office: _____
(If International Student) Name Signature Date

Registrar to Complete:

Completed form received by Registrar on: _____ Processed in CAMS on: _____ by: _____

Last date of student's attendance (latest date): _____

Mitigating Circumstances Withdrawal Committee: Approved Denied Reason for Denial: _____

Committee Chair Signature

Date

Date student and faculty advisor notified of Committee's decision: _____

by: _____

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