

Guidelines for Submitting an Appeal to take a College Course for the Fourth and Final Attempt Due to Extenuating Circumstances.

<u>Please read this page before filling out the appeal form</u>. An appeal for a Fourth Attempt will only be granted based on major extenuating circumstances. Written documentation of those circumstances must accompany the completed appeals form.

Major extenuating circumstances are:

- **Death of an immediate family member** Documentation of the death and the student's relationship to the deceased. Immediate family members are limited to spouse, child, parent and sibling.
- **College change or error** A letter from the appropriate College official documenting the situation in which the College was in error or initiated an action that caused the student to have to withdraw.
- **Employment** A letter on company stationery indicating that the student's employer changed his/her work schedule (listing old and new work schedule) and that this change prevents the student from completing the term.
- **Medical** A letter from the student's physician or health care agency specifically indicating an illness of such severity or duration that the student cannot continue in a course(s). The letter must include dates of the illness and treatment.
- Military Service Documented involuntary call to active military duty.

STEPS TO FILE AN APPEAL

- 1. Make an appointment to meet with the designated Academic Advisor for your campus to develop or update your educational plan.
- 2. Complete the Appeal form.
- 3. Submit proper documentation to support your claim for extenuating circumstances. An appeal will not be accepted or reviewed <u>without adequate supporting documentation</u>. Examples of such documentation are listed below.
 - A written statement on official letterhead signed by a medical or mental health professional describing the dates and services provided or official record of jury or legal action.
 - A written statement on official letterhead signed by a medical or mental health professional or a credible professional, such as a member of the clergy, of the impact of this illness/emergency on your academic performance.
 - An objective report of the occurrence such as a police report, divorce documents, insurance damage reports for natural disasters, obituary, military orders, court records, bill for services related to the emergency, etc.
 - A written statement on official letterhead detailing involuntary job or work schedule changes. The letter must include old and new work hours and the effective date.
 - A written statement/form documenting second language barrier by respective College Department.
 - A written statement/form from a staff member of the Disability Support Services department regarding the disabilities which affect learning and academic performance.
- 4. Complete, sign and date your request for the Appeal and attach proper documentation and a copy of your educational plan.
- 5. Submit completed appeal form with documentation to your designated academic advisor.

A decision will be communicated to the student by email.

Please Note: Florida Statutes place responsibility for the full cost of college prep and credit courses on the student after the second attempt.



FOURTH ATTEMPT APPEAL FORM

State Rule 6A-14.0301: A student may have only three (3) attempts per course including the original grade, repeat grades, and withdrawals at any point in the semester. A fourth attempt may be allowed only through an appeals process based on major extenuating circumstances.

Before submitting this appeal form, you must meet with your academic advisor.

This process will not waive the Full Cost of Tuition requirement. In accordance with Sections 1009.22, 1004.93, 1009.28, and 1009.285, Florida Statutes, students enrolled in the same college-preparatory or college-level course at Palm Beach State College more than two times shall pay the full cost (100%) of instruction fee, except in approved cases of extenuating circumstances or financial hardship.

An appeal will not be accepted without the required documentation for major extenuating circumstances relating to the term in question as listed on page 1.

Part I – Student Information					
PRINT Name:				Student ID #:	
LAST		FIRST	MI		
Local Address:					
			City		State Zip Code
Home Telephone #: () _		Cell: ()	\	Nork: ()	
Student College Email addres	ss:			@my.pal	lmbeachstate.edu
Please initial and date that y	you have read and I	inderstand the follow	ing statemen	.+	
I understand, if approved, I w					
be allowed to drop the course withdrawal from third and fo				ge policy does no	ot permit
Withdrawai irom uniru and io	·	_			
	St	cudent's Initials	Date:	//	Term:
Part II – Course Information					
A. Indicate Course(s) for w		mpt Appeal is being subr	mitted.		
REFERENCE #	COURSE(S) ID/Title			TERM/YEAR	
				_	
B. What were the specific	reasons why you we	re unsuccessful? Addres	s each course(s) and term.	

PALM BEACH STATE COLLEGE

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C. How does this course(s) fit into	your education	nal plan? Is this specific course(s) a requirement?
Part III – Respond to the following read	rdina vour tim	ne obligations. How many hours on average do you spend each
week on the following?	<u> </u>	
Activity	# Hours	REFLECTION:
Homework		There are a total of 168 hours in one week. How does your
In class		total compare to 168 hours? If you run out of hours in one
Working a job		week, what can you do to reduce or eliminate some
Traveling to/from work		activities to allow you additional hours toward this
Traveling to/from school		course(s)?
With childcare/family obligations		
Internet/social media		Please Comment:
Sleeping		
Preparing and/or eating meals		
On personal hygiene (showering, grooming, etc.)		
Participating in religious activities		
On chores (laundry, shopping, etc.,)		
Socializing/attending leisure activities		
Watching TV		
Total Hours:		
Total Hours.		
Part IV – Respond to the following quest	ions.	
1. If approved to take this course(s)	, how will you l	budget to pay for the full cost of instruction? (Please note that
		er cost, or you may not be eligible for aid.) Consider the
following: just one-three credit co	ourse may cost	more than \$1,000 at its full cost.
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FOURTH ATTEMPT APPEAL FORM

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Part V – Attach to your Appeal the educational plan you developed with your advisor.

Part VI – Please add any additional comments you wish to your appeal	below.
Student Signature	Date:
FOR OFFICE USE ONLY	Y
ADVISOR SECTION	
I recommend to	
\square APPROVE. Please state justification for the approval:	
\square DENY. Please state justification for the denial:	
Advisor Signature:	Date:
Print Name:	
DEAN OF STUDENT SERVICES SECTION	
☐ APPROVE APPEAL ☐ DENY APPEAL	
Dean's Signature:	Date:
Print Name:	