

## Fourth Attempt Appeal



**Name:**

**Student ID #:**

Per Florida Administrative Code 6A-14.0301, a student may have only three (3) attempts per course including the original grade, repeat grades, and withdrawals. A fourth attempt may be allowed only through the academic appeals process based on major extenuating circumstances. Such circumstances include, but are not limited to:

- serious illness;
- documented medical condition preventing completion;
- death of an immediate family member (father, mother, sister, brother);
- involuntary call to active military duty; and/or
- documented change in conditions of employment.

The following circumstances are **NOT** considered extraordinary and extenuating, and are **NOT** eligible circumstances to file an appeal:

- Incarceration;
- Transportation issues;
- Issues involving course content;
- Issues involving method of instruction; and/or
- Issues involving a lack of understanding of the withdrawal/refund policy as printed in the college catalog & student handbook.

**To petition for a fourth attempt, complete this form and submit the following required documentation in support of your appeal:**

- A Letter of Explanation: please describe your major extenuating circumstance(s) that is the reason for your appeal. Your letter must explain why you were not successful in each of the previous attempts, and what steps you are taking to ensure success if you receive approval to enroll in the course for the fourth time;
- Transcripts;
- Copy of student bill and schedule; and
- Relevant documentation: (Please select applicable documentation you are providing)
  - Medical-Physician's letter on official letterhead, or other medical documents, indicating the *severity*, *duration*, and *academic impact* of the condition and recovery period.
  - Employment-A letter from your employer, on company letterhead, indicating that your employer changed your work schedule and that this change prevented you from completing the term. The letter must include old and new work hours and the effective dates.
  - Death (Immediate Family Member or Guardian)- one of the following; an original death certificate, newspaper notification, or obituary. *It is your responsibility to establish your relationship to the deceased individual.*
  - Active Military Duty- must include a copy of orders.
  - 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 you to withdraw from your course(s).

**Name:**

**Student ID:**

Complete the information below for the course(s) that you are appealing to enroll for a fourth attempt:

**Course Title**

**Course Prefix**

**Course #**

**CRN# (5 digits)**

**Deadline: NO APPEAL will be considered AFTER the first day of classes for the semester this exception is applicable.**

**I understand that:**

- When taking any course for the fourth time, I may not exercise the option to withdraw, but must complete the course and be assigned a grade, as specified in SBE Rule 6A-14.0301. I also understand that “students who withdraw or fail a class due to extenuating circumstances may be granted an exception only once for each class” (FS 240.124).
- Appeals received without proper documentation will be returned and **not** reviewed until proper documentation is provided to the Committee and this could jeopardize the timeliness of the Committee’s decision.
- It is my responsibility to monitor my CFK email account for any correspondence from the Committee regarding this appeal.
- The Committee has the right to seek relevant input regarding this appeal from other college departments, including instructors, and use this information in their decision-making.
- If my appeal is approved, I will be assessed the **full cost of instruction (out-of-state fees)** for the fourth and final attempt.
- If I am receiving financial aid, military assistance, veterans’ benefits, or am an international student, it is my responsibility to check with the appropriate office to determine if this request will affect my benefits or status.
- **I accept the decision of the Student Services Appeals Committee as final and not subject to further appeal within the college.**

By signing below, I certify that I have read and understand all of the information on this form. I further certify that all statements and documentation provided by me in support of this appeal are truthful and representative of the facts concerning the extenuating circumstance(s).

Student’s signature:

Date:

**Submit your request for consideration to:**

CFK Student Services Appeals Committee

Student.Appeals@cfk.edu

The College of the Florida Keys, 5901 College Road, Key West, FL 33040

Phone: (305)809-3230 Fax: (305)292-5163