UNDERGRADUATE PETITION
PLEASE READ BEFORE SUBMITTING PETITION
IMPORTANT INFORMATION REGARDING
ACADEMIC REGULATION APPEALS COMMITTEE PETITIONS

The Academic Regulation Appeals Committee considers petitions from undergraduate students seeking exceptions to the academic regulations stated in the FAMU Catalog. Appeal applications must be filed and considered prior to graduation. The attached form should be used for the following kinds of appeal:

- Waiver of Academic Suspension
- Late or retroactive course withdrawal (limited to one year after course enrollment)
- Withdrawal for an Academic Term (limited to one year after term enrollment)
- Late add or registration (Limited to the next semester)
- Late application for graduation (limited to four weeks after the published term deadline)

NOTE: Supporting documentation must accompany all appeal petitions.

Please adhere to the following:

I. PETITIONS MUST BE PICKED UP FROM COLLEGE/SCHOOL OF YOUR MAJOR. NON-DEGREE (SPECIAL) STUDENTS MUST PETITION THROUGH THE REGISTRAR'S OFFICE. COLLEGES ARE NOT RESPONSIBLE FOR PETITIONS THAT ARE NOT SUBMITTED DIRECTLY TO AND DISCUSSED WITH THE PROPER COLLEGE REPRESENTATIVE.

II. DEADLINE: The Academic Regulation Appeals Committee normally meets monthly. In order for a petition to be reviewed by college/school and to be heard at a regular meeting, it must be submitted by the end of the first week of each month. Petitions for re-admission (after academic suspension) must be submitted at least ten working days before the start of classes.

III. SUPPORTING DOCUMENTATION REQUIRED:

A. If the problem is health related, a written statement from an attending physician, Student Health Service and/or Counseling Center must accompany this petition. The statement must be on the original attached medical form or on letterhead
stationery, specifying the dates and nature of your illness, and indicating that
your illness was of such severity as to affect college work and class attendance.

B. If you are citing other circumstances beyond your control as the reason for your
difficulty, documentation from appropriate persons on letterhead stationery is
required.

C. When confidentiality is essential and you have had personal problems which
have affected your college work, you should consult the Counseling Center
representative listed below for a written recommendation.

IV. ACADEMIC SUSPENSION/WITHDRAWAL

A. If you are petitioning for reinstatement because of an Academic Suspension,
please be advised that, if approved, you will be placed on academic probation and
you must obtain a minimum term GPA of 2.00. Failure to do so will result in
academic suspension and automatic denial of future appeals.

NOTE: Once the petition is on file, you should attend all classes and
immediately be prepared to complete the registration process after the academic
regulation appeals committee has given you permission to register.

V. The Registrar’s Office will notify you of the committee’s decision in writing at
the address you enter on the petition form immediately following the meeting.
When appropriate, you will be called by your college/school representative immediately
after the meeting and instructed to register.

VI. Please contact your College/School Representative should you have any questions.

ACADEMIC REGULATION APPEAL COMMITTEE REPRESENTATIVES

<table>
<thead>
<tr>
<th>COLLEGE/SCHOOL</th>
<th>REPRESENTATIVE</th>
<th>BLDG &amp; RM</th>
<th>PHONE</th>
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</thead>
<tbody>
<tr>
<td>Registrar’s Office</td>
<td>Mr. Michael A. James, Co-Chair</td>
<td>112 FHAC</td>
<td>599-3115</td>
</tr>
<tr>
<td>Academic Affairs</td>
<td>Dr. Gladys C. Lang, Co-Chair</td>
<td>301 FHAC</td>
<td>599-3276</td>
</tr>
<tr>
<td>Education</td>
<td>Dr. Janet Sermon</td>
<td>301 GECA</td>
<td>599-3482</td>
</tr>
<tr>
<td>Arts &amp; Sciences</td>
<td>Mrs. Vernell McCray</td>
<td>208 TH</td>
<td>599-3430</td>
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<tr>
<td>C.E.S.T.A.</td>
<td>Dr. Verian T. Lamikanra</td>
<td>204 PP</td>
<td>599-8816</td>
</tr>
<tr>
<td>Allied Health Sciences</td>
<td>Dr. Barbara W. Mosley</td>
<td>223D WARH</td>
<td>599-3822</td>
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<tr>
<td>Nursing</td>
<td>Dr. Ruena W. Norman</td>
<td>103D WARH</td>
<td>599-3017</td>
</tr>
<tr>
<td>Business &amp; Industry</td>
<td>Dr. S. Credle/Dr. K. Lewis</td>
<td>325 SBI</td>
<td>599-3170</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Mr. Carlton Bailey</td>
<td>201 DPB</td>
<td>599-3016</td>
</tr>
<tr>
<td>General Studies</td>
<td>Dr. Dorothy Henderson</td>
<td>204C GECA</td>
<td>599-3259</td>
</tr>
<tr>
<td>Architecture</td>
<td>Mr. Ron Lumpkin</td>
<td>122B ARC</td>
<td>599-3244</td>
</tr>
<tr>
<td>Engineering</td>
<td>Dr. Tim Beard</td>
<td>404 FAFS</td>
<td>410-6120</td>
</tr>
<tr>
<td>Journalism</td>
<td>Dr. James E. Hawkins</td>
<td>428 TH</td>
<td>599-3718</td>
</tr>
<tr>
<td>Counseling Center</td>
<td>Dr. Barbara Barrett</td>
<td>CCEN</td>
<td>599-3145</td>
</tr>
<tr>
<td>Trio Programs</td>
<td>Ms. Linda Cribb</td>
<td>Trio Center</td>
<td>561-2104</td>
</tr>
</tbody>
</table>

OUR: 5/19/99

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1. NAME_________________________ SOCIAL SECURITY NO.________________
   STREET OR BOX___________________ TELEPHONE NO._______________________
   CITY AND STATE__________________ ZIP CODE__________________________

2. CHECK NATURE OF PETITION
  ☐ A. Waiver of Academic Suspension, indicate term you want to return:
      ☐Fall ☐Spring ☐Summer __________ Year
   ☐ B. Late or retroactive course withdrawal – ☐Fall • ☐Spring ☐Sum Yr __
      The course(s) in question is:
      Ref No. _____ prefix _____ Number _____ section _____ date of last attendance _____
      Ref No. _____ prefix _____ Number _____ section _____ date of last attendance _____
   ☐ C. TOTAL Withdrawal for Term: ________________________, Yr __
   ☐ D. Late add or registration: Term: ________________________, Yr __
      _____ prefix _____ Number _____ section
   ☐ E. Late application for graduation for Term:______________________, Yr __
   ☐ F. Other: Specify__________________________________________

3. EXPLAIN IN DETAIL THE NATURE OF YOUR PROBLEM AND WHY YOU THINK THE
   GENERAL REGULATIONS SHOULD BE SET ASIDE FOR YOU. (The academic regulations
   that apply to all students are made known through the FAMU Catalog and advising.) Attach
   additional pages and/or documentation if necessary.

4. Are you currently enrolled? ☐Yes ☐No (If no, indicate term last enrolled ____________); Current
   Academic Load ___________ ; Present Major _______________________; If you plan to change major,
   submit an approved change of major form.

Signed: ___________________________________________ Date ______________
ACADEMIC REGULATIONS APPEALS COMMITTEE
DECISION FORM

Student's Name __________________________ SS# ______________________

DO NOT WRITE BELOW THE DOUBLE LINES

REPRESENTATIVE'S COMMENTS: ☐ Recommend Approval; ☐ Recommend Disapproval;
☐ Defer to Committee

COMMENTS:

Signed: __________________________ Date ________________

THE DECISION OF THE COMMITTEE IS AS FOLLOWS:

Co-Chair

Co-Chair

Provost

Date
The student listed below is petitioning the Academic Regulation Appeals Committee for a late or retroactive withdrawal from your course. Please answer the following questions concerning the student and return this form to Appeal Representative.

Instructor: ___________________________ Student: ___________________________

Course: ___________________________ SS#: ___________________________

Semester: ___ FALL ___ SPRING ___ SUMMER Yr ___

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

1. On what date did this student stop attending class?
   ☐ Never attended ☐ Not Known ☐ Irregular

   Comments:

2. How was the student performing at the time he/she stopped attending class?
   ☐ Passing ☐ Failing ☐ No Information

   Comments:

3. How was the student performing at the withdrawal deadline?
   ☐ Passing ☐ Failing ☐ No Information

   Comments:

4. Did the student have any basis for estimating his/her performance level prior to the Withdrawal deadline (graded exams, papers, etc.)?
   ☐ Yes ☐ No

   Comments:

5. What is your reaction to this student being permitted to withdraw from your course late?
   ☐ Support ☐ No Objection ☐ Oppose

   Comments:

6. Based on her/his academic performance, attitude toward meeting the requirements of the class, and any other factors you deem pertinent, state your honest opinion on whether the academic regulation governing course withdrawal should be set aside for this student.

Date ___________________________ Instructor’s Signature ___________________________ Extension ___________________________
ACADEMIC REGULATION APPEALS COMMITTEE (ARAC) MEDICAL FORM

DIRECTIONS: The lower part of this form should be filled out by the appropriate medical person and the entire form should be returned, in a sealed envelope from the physician's office, with the name, address, and phone number inscribed, to your appropriate ARAC representative along with your petition.

TO BE FILLED IN BY THE STUDENT

Student: ___________________________________ SS#: ____________________________

Relevant Time Period: ____________________________________________________________

Medical problem pertains to: ☐ Student ☐ Family (check one)

This will authorize Dr. ___________________________ to release the information requested below to the Florida A&M University Academic Regulation Appeals Committee for the purpose of supporting my ARAC petition.

Witness Signature ___________________________________ Student Signature ____________________________

Date __________ Date __________

TO BE FILLED IN BY PHYSICIAN

The student listed above is petitioning the Academic Regulations Committee of the Florida A&M University for special consideration regarding a FAMU regulation. The student feels a medical problem may have directly or indirectly contributed to the need for such consideration. We would appreciate your cooperation in answering the following questions. With all pertinent data at our disposal, we can then make a decision in the best interest of all concerned. Thank you for your help in this matter.

Physician’s Name ________________________________________________________________

Address ________________________________________________________________

______________________________________________

Telephone # ( ) __________

License # & State ____________________________________________________________

Dates you treated this student or family member: __________________________________

If family member, please indicate relationship to student: ____________________________

In your opinion, was the student able to attend class? ☐ Yes ☐ No

If no, for how long? ____________________________________
By answering the following questions (as appropriate), you will help the committee to gauge the severity of your patient’s illness that could have affected his/her college work.

Would length of class be pertinent to student’s ability to attend (e.g., student could attend a 1 hour but not be physically active)? Please explain:

_________________________________________________________________________

Would strenuousness of class be a factor in student’s ability to attend (e.g., could sit for an hour but not be physically active)? Please explain:

_________________________________________________________________________

Would medical condition affect student’s ability to study or participate in class for periods of time? Please explain:

_________________________________________________________________________

Would medications you prescribed have interfered in any way with student’s academic performance? Please explain:

_________________________________________________________________________

Additional Comments:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Date____________________

Physician’s Signature

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