



FEE APPEALS COMMITTEE PETITION
COVER PAGE

THIRD ATTEMPT SURCHARGE-REPEAT COURSE FEE EXEMPTION

NAME: _____ DATE: _____ UCFID # _____

ADDRESS: _____
Street City State Zip

PHONE NO: _____ Knights e-mail: _____

PETITION TERM: _____ COURSE REPEATED: _____

Student Certification: I understand that I will receive the committee's decision via email to my Knights email address. _____
Initials

Exceptions to the repeat course fee requirement are only extenuating circumstances or financial hardship.

SUPPORTING DOCUMENTATION IS REQUIRED FOR THE COMMITTEE TO CONSIDER THE PETITION.

Instructions:
* Petitioner must attach a typed letter describing the circumstances of the chosen exemption for the committee to review.
* Petitioner must include all supporting documentation as required by the chosen exemption.
* Check one of the following selections for the exemption of choice.

Extenuating Circumstances:

The circumstances determined by the university to be exceptional and beyond the control of the student may include but not be limited to the following:

- Medical condition or serious illness preventing completion of course
Death of an immediate family member (mother, father, grandparents, siblings, spouse, children, grandchildren)
Involuntary call to active military duty
Other emergency circumstances or extraordinary conditions

Special Limitation: students who withdraw or fail a class due to extenuating circumstances may be granted an exception only once for each class.

Financial Hardship: (MUST complete and attach Disclosure Form 41-561c)

This hardship should include but not be limited to the following:

- If qualified for federal need-based financial aid
Other documented financial hardships may be considered

The following information is required to determine financial need:

- Where or how do you obtain the funds to pay your tuition? (work, savings, financial aid, other)
Do you work? If so, how many hours do you work? What is your estimated annual income?
How many dependents do you claim?
Are you a full-time student or part-time student?
Provide a detail explanation how these extra costs impact your financial circumstances.

FEE APPEALS COMMITTEE DECISION

[] APPROVED

[] DENIED

[] REJECTED

Comments: _____

Mail to:

UCF Student Account Services
P.O. Box 160115
Orlando, FL 32816-0115
E-mail: stuacct@ucf.edu
Fax: 407/823-5127
Form 41-561a (11/2015)

By: _____ Date