

## 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Course(s) to be withdrawn from:  All courses in the semester  Only the following course(s):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"/> <b>Serious medical condition</b> 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"/> <b>Serious family emergency</b> that renders student unable to complete course(s). (Complete this form and submit it along with supporting documentation.)
3.	<input type="checkbox"/> <b>Other extenuating circumstances outside of the student's control.</b> The circumstances are _____ _____ (Complete this form and submit it along with supporting documentation.)

**Required Approvals and Signatures: (Start with Student Development)**

Student Development: \_\_\_\_\_  
Name Signature Date

Student Business Services: \_\_\_\_\_  
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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