

**MIAMI DADE COLLEGE  
KENDALL CAMPUS  
STUDENT SERVICES APPEAL COMMITTEE**

**REQUEST FOR APPROVAL TO TAKE A COLLEGE CREDIT COURSE FOR THE FOURTH TIME**

**TO THE STUDENT:**

- **READ** the steps to file a request below and the guidelines on the reverse side before completing this form to determine your eligibility.
- **SUBMIT** a personal letter with this completed form describing the situation and the reason(s) why you are requesting action by the committee. Be specific: indicate dates/time periods and how the circumstances affected your academic performance.
- **PROVIDE** proof which will support the statements in your letter. Such documentation must be submitted with this form.

**Name (Print):** \_\_\_\_\_ **MDC Student ID #:** \_\_\_\_\_  
Last First

**Local Address:** \_\_\_\_\_  
City, State Zip Code

**Telephone:** ( ) ( ) ( ) ( )  
Daytime Evening Cellular Other

**I understand that if my request is approved, I will have to pay FULL COST OF INSTRUCTION for the course(s). I understand that I WILL NOT BE ABLE TO DROP THE COURSE(S) unless it is before the 100% refund deadline.**

**Please initial and date that have read and understood the statement above: Initial: \_\_\_\_\_ Date: \_\_\_\_\_**

**TERM** \_\_\_\_\_

**COURSE(S) FOR WHICH REQUEST IS FILED:**

<u>Course Abbr. &amp; #</u>	<u>Reference #</u>	<u>Term/Year</u>	<u>Grade received in last attempt</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
 Student's Signature Date

**Dean's Action**

**Approved:** \_\_\_\_\_

**Denied:** \_\_\_\_\_

\_\_\_\_\_  
 Dean's Signature Date

## **Guidelines for Submitting a Request for Approval to Take a College Course for the Fourth Time**

Examples of major extenuating circumstances:

- a. Serious illness or injury to the student or immediate family member
- b. Death of an immediate family member (i.e., parent, spouse, child)
- c. Involuntary job change, work schedule change, or transfer
- d. Extended jury trial or the direct involvement of the student in a current legal action (i.e., bankruptcy, divorce, etc.)
- e. Disability which impacts academic performance
- f. Involuntary call to active military duty
- g. Other emergency circumstances or extraordinary situations (i.e., natural disaster)
- h. Second language barrier

### **STEPS TO FILE REQUEST:**

1. Provide a written statement detailing the circumstances which prohibited you from fulfilling the academic requirements of your course(s):
  - Be specific; indicate dates/time periods involved
  - Indicate how these circumstances affected your ability to complete the course(s)
2. Submit proof to support your claim. Examples of documentation include:
  - A written statement signed by a medical or mental health professional describing the dates and services provided or official record of jury duty 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, bill for services related to the emergency, obituary, military orders, court records, etc.
  - A written statement on official letterhead detailing involuntary job or work schedule changes
  - A written statement/form documenting second language barrier by respective College Prep Department
  - A written statement/form from the director of the program serving students with disabilities that documents how your circumstance affects learning and academic performance
3. Complete, sign, and date your request for consideration.
4. Attach current degree audit or academic transcript.
5. Attach a copy of your course schedule for the current term (if registered).
6. Submit completed request to Room 3166, Student Retention and Transition Services Department.