

**MIAMI DADE COLLEGE
INTERAMERICAN CAMPUS**

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

TO THE STUDENT:

- **READ** the steps to file an appeal 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) for your appeal. Be specific: indicate dates/time periods and how the circumstances affected your academic performance.
- **PROVIDE** proof which will support the statements in your letter. Documentation must be submitted with this appeal.

Name (Print): _____ **MDC Student ID #:** _____
LAST FIRST

Local Address: _____
Street Address City, State Zip Code

Telephone: _____
Daytime Evening Cell Email

I understand that if my request is approved, I will have to pay the 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 here that you understand and agree to the statement above:
Your Initials: _____ Today's Date: _____**

Course # 1 Course Abbr/#	Reference #	Term	Grade received in last attempt	Course # 3 Course Abbr/#	Reference #	Term	Grade received in last attempt
Course # 2 Course Abbr/#	Reference #	Term	Grade received in last attempt	Course # 4 Course Abbr/#	Reference #	Term	Grade received in last attempt

STUDENT SIGNATURE	DATE
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Committee Action

Approved: _____

Denied: _____

_____ MDC Personnel Signature _____ Date

Guidelines for Submitting a Request for Approval to Take a College Course for the Fourth and Final Time

Examples of major extenuating circumstances to appeal the full cost of instruction fees include:

- 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 APPEAL:

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 the EAP or English 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 the appeal.
4. Submit completed request to Room 1121, Student Retention and Transition Services Department.