

UFID _____ Last Name _____ First Name _____ MI _____ Date _____

Email Address: _____ Phone Number _____

Note: Students are required to earn 9 credit hours of summer enrollment pursuant to the Florida Board of Governors regulation 6.016. For additional information please see summer term enrollment in the University of Florida undergraduate catalog under academic regulations.

Instructions:

- In the space below, or in an attached personal statement, students must explain why they believe their summer enrollment requirement should be waived. Students also must provide supporting documentation to prove the claim made in their statement. **An attached personal statement can only be one page, double spaced and 12 pt. font.**
- Students must check the appropriate box below. Please be aware, none of the following will automatically waive the summer enrollment requirement. All summer enrollment waiver decisions are made by committee review.
- Students must have the interviewing officer complete his/her portion of this form before submission.
- Students should keep a copy of all submitted petition materials for resubmission if necessary.
- Students must monitor this petitions at <https://one.ufl.edu/> to see decision. Click on My Record → Petition Status.
- Students must have completed 75 credit hours to be eligible for this petition.

Please check the appropriate box below.

- I completed a summer internship.
- I participated in military training and/or operations during the summer.
- I completed 6 hours of Study Abroad coursework.
- I am a student athlete that must attend summer training camps and/or sports related events.
- I am experiencing financial hardship.
- My program does not offer courses during the summer.
- Other: _____

Student Comments: _____

I hereby certify that the information submitted for this petition is true and accurate to the best of my knowledge.

Student's Signature: _____ **Date:** _____

Interviewing Officer must check one of the following: Support Do not support (Attach explanation if needed)

Student's expected graduation date: _____

Interviewing Officer Comments: _____

Name: _____ **Signature:** _____ **Date:** _____

*****BELOW IS FOR COMMITTEE USE ONLY*****

Committee Action: Approved Denied Deferred

Notes/Comments: _____

Authorized Signature: _____ **Date:** _____