



GRADUATE PETITION

Office of Graduate Studies
4202 E. Fowler Ave., FAO 126,
Tampa, FL 33620
Telephone (813) 974-2846 Fax (813) 974-5762

INSTRUCTIONS:

1. Granting this Petition to late register, drop and/or add a class, **MAY AFFECT LATE CHARGE or STUDENT FEE LIABILITY**. Late registration and/or late payment fees may apply.
2. **SUPPORTING DOCUMENTATION / JUSTIFICATION IS MANDATORY**
Examples:
 - If a health problem is the reason for your difficulty, a written statement from the attending physician or from Student Health Services must accompany this petition. The statement must be on letterhead stationery and must include the dates and nature of your illness.
 - If you are citing work schedule conflicts or other circumstances beyond your control as the reason for your difficulty, documentation from employers or other appropriate persons on letterhead stationery is required.
 - If you never attended the class, a signed statement from the instructor verifying that fact is required.
 - If Oasis would not allow you to register, add or drop a class, a printed copy of your denial screen can be submitted as verification.
 - Additionally, a written explanation of the circumstances necessitating the Petition, from the student is recommended.
3. **PETITIONS WITH MISSING SIGNATURES WILL NOT BE PROCESSED.** Obtain signatures in order listed.
4. Petitions may not be processed **IF YOU HAVE REGISTRATION HOLDS** on your record.
5. All **CHANGES** made to a graduate course schedule must be submitted on a Graduate Petition.
6. The **FIRST NUMBER** in the course reference number must correspond with the semester:
 - **FALL** semester should start with an **8**
 - **SPRING** semester should start with a **1**
 - **SUMMER** semester should start with a **5**
7. If you are petitioning to **CHANGE THE NUMBER OF HOURS ONLY** for a currently registered course, please use the **CHANGE HOURS SECTION** of the petition.
8. **DELETE** will be considered only in the following two instances (**with supporting documentation**).
 - **NEVER ATTENDED CLASS**
 - **UNIVERSITY ERROR**

PLEASE DO NOT SUBMIT INSTRUCTION SHEET.

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STUDENT COMPLETES PARTS I & II and submits all copies directly to the Instructor then to the Department/Program for signatures and recommendations. **ATTACH JUSTIFICATION WHY PETITION SHOULD BE GRANTED.** (No action will be taken without supporting documentation).

PART I.

NAME _____ Student ID # _____
LAST FIRST MI
E-MAIL _____
STREET _____ TELEPHONE # _____
CITY/STATE/ZIP _____ COLLEGE & DEPT _____
STUDENT CLASSIFICATION: (Circle) Graduate Doctoral Candidate Certificate Program Non Degree Seeking

PART II.

SEMESTER FOR WHICH ACTION IS BEING REQUESTED: (Circle One) Fall Spring Summer _____ Year
ACTION BEING REQUESTED: (Circle) Late (Current Semester) **or** Retroactive (Past Semester)
EVEN EXCHANGE: (Circle) (Substitution of courses with **equal** hours and no additional fee liability) Yes No

THE COURSE(S) IN QUESTION ARE: (Circle action requested **and** fill in all course information below)
Add **or** Drop Reference No. _____ Prefix _____ Number _____ Section _____ Hours _____
Add **or** Drop Reference No. _____ Prefix _____ Number _____ Section _____ Hours _____
Delete Reference No. _____ Prefix _____ Number _____ Section _____ Hours _____
Delete Reference No. _____ Prefix _____ Number _____ Section _____ Hours _____

CHANGE HOURS: (Indicate below if **hours only** are to be changed for currently registered courses)
Reference No. _____ Prefix _____ Number _____ Section _____ (**Change From**) _____ Hours (**To**) _____ Hours

OTHER: (Specify): _____

Granting this petition to late register, add or drop, MAY AFFECT LATE CHARGE or STUDENT FEE LIABILITY. **IF reimbursement applies, a request **must** be submitted on a LATE REGISTRATION WAIVER REQUEST FORM or FEE ADJUSTMENT REQUEST FORM.**

STUDENT'S SIGNATURE: _____ Date: _____

PART III. COMMENTS AND RECOMMENDATIONS Date: _____

APPROVE DISAPPROVE _____ E-Mail or Phone: _____
Instructor Date: _____

APPROVE DISAPPROVE _____ E-Mail or Phone: _____
Instructor

COMMENTS: _____

APPROVE DISAPPROVE _____ Date: _____
Department / Program Chairman / Director

COMMENTS: _____ E-Mail or Phone: _____

APPROVE DISAPPROVE _____ Date: _____
College Dean or College Graduate Coordinator

COMMENTS: _____ E-Mail or Phone: _____

PART IV. THE DECISION OF THE GRADUATE DEAN PTA

APPROVE DISAPPROVE _____ Date: _____
Dean of Graduate Studies

COMMENTS: _____ E-Mail or Phone: _____