ACADEMIC PERFORMANCE PETITION

1. Student’s Full Name: _______________________________      UFID #: _____________________
   Class: 1PD  2PD  3PD  4PD    Campus: GNV  JAX  ORL
   Local Address:____________________________________________________________
   Phone Number (+area code): ______________  Email Address:__________________________

2. Do you plan to present your case in person?          YES    or          NO

3. Year you entered the College of Pharmacy: __________ Expected graduation date: __________

4. Have you ever been on probation in the College of Pharmacy?  ____________

5. Number of terms completed in the College of Pharmacy: ____________

6. Type of Petition
   □ Withdrawal of class(es) after deadline
   □ Request to Participate in Spring Graduation Ceremony with more than 1 rotation remaining.
   □ Academic Dismissal
   □ Course Remediation of more than 2 classes
   □ Course Failure
   □ Other ________________________________

STATE YOUR PETITION LETTER ON ADDITIONAL PAPER AND SUBMIT IT ALONG WITH DOCUMENTATION AS NEEDED.

Student’s Signature: _______________________________ Date: ____________

PLEASE SUBMIT THIS FORM TO THE OFFICE FOR STUDENT AFFAIRS
   Email anedriawilliams@cop.ufl.edu