
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