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 petitions at [one.uf.edu](http://one.uf.edu) to see decision. Click on My Record → Petition Status.

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 course work.
- [ ] 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)

Interviewing Officer Comments: ____________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Name: ____________________________ Signature: ____________________________ Date: ____________________

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

Committee Action:  [ ] Approved  [ ] Denied  [ ] Deferred

Notes/Comments: ____________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Authorized Signature: ____________________________ Date: ____________________