Location: ☐ **Belle Glade** ☐ **Boca Raton** ☐ **Lake Worth** ☐ **Palm Beach Gardens**

PALM BEACH STATE COLLEGE

APPEAL OF 3rd ATTEMPT FULL COST OF INSTRUCTION TUITION

PLEASE READ CAREFULLY (*only for courses for which an insufficient grade was received*)

Florida Statutes place responsibility for the full cost of instruction (out-of-state tuition) on the student after the second attempt of a course. The legislation also provides students the opportunity to appeal for a one-time exception, per course, to the increased fees for cases involving major extenuating circumstances beyond the student's control. Such circumstances include, but are not limited to:

- serious illness;
- documented medical condition preventing completion;
- death of an immediate family member (father, mother, sister, brother);
- involuntary call to active military duty;
- documented learning disability;
- English as a second language background;
- documented change in conditions of employment; and/or
- other emergency circumstances or extraordinary situations (such as national disasters).

Also, students may appeal the increase in fees based on financial hardship. The criteria for determining financial hardship shall include, but not be limited to, qualifications for federal need-based financial aid. All appeals are considered on an individual basis.

Note: NO APPEALS will be considered AFTER the last day of add/drop.

Documentation of emergency, extraordinary situation or financial hardship is required.

This section is to be completed by the **STUDENT**. Submit form/documentation to the **Campus Registrar**.

NAME: _____ STUDENT ID: _____ TELEPHONE (____) _____

ADDRESS _____
Street City State Zip Code

COURSE(S) FOR WHICH THIS APPEAL IS BEING FILED:

1. Course _____ Term/Year of Last Attempt_____
2. Course _____ Term/Year of Last Attempt_____
3. Course _____ Term/Year of Last Attempt_____

JUSTIFICATION FOR APPEAL **(Documentation must accompany form):** _____

_____

_____

Student's Signature: _____ Date: _____

This section to be completed by College Personnel

ACTION: ☐ Approved ☐ Disapproved ☐ Referred **DATE:** _____

PROCESSED BY: _____

COMMENTS:_____

_____

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Rev. 2/10