FLORIDA SOUTHWESTERN STATE COLLEGE
OFFICE OF THE REGISTRAR

Petition to Repeat a Course Already Passed

In line with Florida State Statute (Rule 6A-14.030) and FSW college policy, students are not permitted to repeat a course in which they already have earned a passing grade of A, B, C, or S. These regulations are in place to ensure equitable access to course enrollment and to comply with statewide academic and financial aid guidelines.

Certain exceptions may be granted, pending the student's circumstances. Such exceptions are considered on a case-by-case basis with evidence of contributing major extenuating circumstances. Such circumstances may include:

- A course previously passed is no longer valid in supporting the student for current certification/licensure eligibility and must be re-taken for the student to maintain current knowledge in the field.
- A student's future academic goals (i.e. graduate program) require a higher grade in the petitioned course than the student originally earned.
- A student was previously dismissed from, or voluntarily withdrew from, a program and is now re-admitting, whereby courses must be taken in a cohort.
- Petitions will not be considered for the purpose of raising the cumulative GPA.

Petitions will be evaluated by Program Leadership on a case-by-case basis to determine if a repeated attempt of the course is supported.

Instructions to the Student:

1. Complete this petition. Type or carefully print all information, and sign and date the petition.
2. Include a typed or legibly printed letter with the petition, describing your circumstances and reason(s) for requesting this petition. Students should consider the importance of this request and take great care in organizing the content of the letter.
3. Attach/include relevant, third-party, supporting documentation. Documentation submitted should align with the circumstances described in your letter. Examples of relevant documentation may include, but is not limited to, transcripts, course descriptions, and/or catalog copy.
4. Meet with your Student Success Advisor to discuss the seriousness of this request. A signature from your Student Success Advisor is required.

Petitions should be submitted to your Student Success Advisor, and once received, it will be reviewed in line with the Petition Committee Review Schedule. (found online, www.fsw.edu/registrar/forms) Results (whether a petition is approved or denied) will be communicated to the student at their Bucs email address.

Student Information:

_____	_____	_____
Student's Printed First and Last Name	*Student's ID Number*	*Student's Bucs Email Address*

NOTE: Request the **Petition to Repeat a Course Already Passed** for only one course per petition; do not request multiple different courses (for example, EMS 2119L and NUR 2092) on the same petition. (If you wish to petition for multiple, different courses, file a separate petition for each course.)

Course petitioning to repeat:

_____

Course prefix, Course Number, and Course Title
Example: NUR 2092, Introduction to Pharmacological Nursing or DES 1020, Dental Anatomy

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Past Course Information:

In the table below, fill in the details relating to each past attempt of the course.

Order of Attempts	**Term and Year Attempted** (Example: Fall, 2026)	**Course Subject and Number** (Example: EMS 2119)	**Course Title** (Example: Fundamentals of Emergency Care)	**Course Reference Number (CRN)** (Example: 12345)	**Grade Earned** (Example: A, B, C, D, S, W, F)
1st Attempt					
2nd Attempt					
3rd Attempt					

Future Course Information:

In the table below, fill in the details relating to the future, repeated attempt of the course you wish to take.

Course Subject and Number (Example: EMS 2119)	**Course Title** (Example: Fundamentals of Emergency Care)	**Term and year in which you plan to repeat the course** (Example: Spring, 2027)	**Course Reference Number (CRN)** (Example: 12345)

_____ _____

Student's Signature *Date*

Advisor Consultation:

☐ Petition is consistent with intended use of policy.	☐ Petition is not consistent with intended use of policy. Student has been advised.
☐ I confirm I have entered relevant, necessary overrides such as co-requisite and/or capacity overrides to support the registration within the specific CRN the student indicated above.	

_____ _____

Student Success Advisor's Signature *Date*

Dean of the School (or Dean's Designee) Comments:

Indicate your Approval or Denial, and sign and date below

☐ **Approved**	☐ **Denied**

_____ _____

Dean or Dean Designee's Signature *Date*

Office of the Registrar:

☐ **Approved**	☐ **Denied**

_____ _____

Office of the Registrar Designee: Signature *Date*

Date Processed: _____ Date Emailed: _____