

ACADEMIC PERFORMANCE PETITION

Student's Full Name: _____ UFID #: _____

Class: 1PD 2PD 3PD 4PD Campus: GNV JAX ORL STP

Local Address: _____

Phone Number (+area code): _____ Email Address: _____

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

Year you entered the College of Pharmacy: _____ Expected graduation date: _____

GPA in required pharmacy courses: _____

Have you ever been on probation in the College of Pharmacy? _____

Number of terms completed in the College of Pharmacy: _____

Please list your current course schedule or your course schedule for the upcoming semester:
(You may print your schedule from ISIS and attach)

Faculty Advisor Name: _____

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:

FAX: 352-273-6219 (ATTN: Dr. McKenzie)