UF UNIVERSITY of FLORIDA

University Petition
Withdraw – Military Service

UFID _____ Last Name _____ First Name _____ MI _____ Date _____

Mailing Address: _____
Street address Apt City State Zip

Email Address: _____ Phone Number: _____

Note: Students shall not incur academic or financial penalties by virtue of performing military service on behalf of our country pursuant to state statute 1004.07.

Instructions – **All of the following petition materials must be provided at the time of submission. Incomplete petitions will not be accepted.**

- Attach a personal statement explaining how your military service prevented you from successfully completing the petitioned courses. Also, if your petition is not for a full-term withdraw (all courses for the petitioned term), you must explain how your military service affected the individual courses you are requesting to drop but not the others you are wanting to maintain for the petitioned term.
- You must provide a copy of your military orders to substantiate the claim in your personal statement.
- Approved withdraws or drops due to active military service will be refunded. Note: If all or a portion of your fees were paid by a third party, money may be returned to that third party.
- You should keep a copy of all submitted petition materials for resubmission if necessary.
- Petitions must be monitored online at https://one.uf.edu/ to see decision or request for additional documentation. Click Student Self Service → My Record → Petition Status.

List the terms that are involved in this petition below. (E.g. Summer C 2014, Fall 2012, etc.)

List petitioned terms: _____

List the requested courses to be dropped due to active military service.
If the petition is for all courses within a term, write "all courses" for the specified term.
If the petition is selective, list the prefix, number, and section for each course.

List requested courses:

I, the undersigned, hereby declare that I understand and agree to the information listed on this document. I certify that the information submitted for this petition is true and accurate to the best of my knowledge.

Student's Signature: _____ **Date**: _____

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

Committee Action: Approved ☐ Denied ☐ Deferred ☐

Notes/Comments: _____

Authorized Signature: _____ Date: _____

Return to: Office of the University Registrar via the Secure Document Upload at https://registrar.ufl.edu/forms
Office of the University Registrar, PO Box 114000, Gainesville, FL 32611-4000