

**University of North Florida Department of Accounting and Finance  
Appeal of One Repeat Rule**

COURSE BEING APPEALED (Course Number and Name) (A separate appeals form is required for each course you are appealing): \_\_\_\_\_

When did you enroll in this course (Semester and Year) and what was the final course grade for each attempt:

1<sup>st</sup> Attempt: \_\_\_\_\_

2<sup>nd</sup> Attempt: \_\_\_\_\_

3<sup>rd</sup> Attempt: \_\_\_\_\_

NAME: \_\_\_\_\_ N-Number: \_\_\_\_\_

MAJOR/TRACK: \_\_\_\_\_ STATUS (JR/SR/PB): \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**Instructions:**

This form and any attachments must be submitted to the Department of Accounting and Finance by the deadline indicated. The Departmental Committee will not accept appeals for the upcoming semester after the noted deadline. Answers to the following questions must be typed on separate paper and attached to this form:

1. What are the extenuating circumstances that warrant this appeal? You must submit documentation to support these extenuating circumstances.
2. What are your short-term and long-term educational goals?
3. Briefly describe the factors that led to your unsuccessfully completing this course after two attempts.
4. Briefly describe the steps you plan to take in order to successfully pass this course.

The Departmental Appeals Committee will notify you of the outcome of this appeal in within ten business days of the submission deadline.

For office use only:

Date received: \_\_\_\_\_ Review Date: \_\_\_\_\_

Recommendation to Chairperson: \_\_\_\_\_

Date letter sent by Chair: \_\_\_\_\_

Revised December 2007