

# UNIVERSITY OF MINNESOTA

Crookston Campus

Office of the Registrar

9 Hill Hall  
2900 University Avenue  
Crookston, MN 56716-5001

218-281-8547  
Fax: 218-281-8549

## ACADEMIC POLICY PETITION

### DIRECTIONS

Use this form to petition for an exception or other accommodation to UMC or University academic policies. **DO NOT USE THIS FORM TO REQUEST A RETROACTIVE COURSE CANCELLATION OR TUITION REFUND (see [http://www.crk.umn.edu/sites/crk.umn.edu/files/tuition\\_refund\\_appeal\\_form.pdf](http://www.crk.umn.edu/sites/crk.umn.edu/files/tuition_refund_appeal_form.pdf)).**

Contact your academic adviser to determine what additional documentation may be required and whether your request is due by a specific date.

The Academic Standards & Policy Committee and other University offices will review your request, as necessary. Their decision on the action to be taken will be sent to your official University email account.

### PART 1: Student background

University ID		Name (last, first, middle)	
Birth date (mm/dd/yyyy)	University e-mail address @umn.edu	Personal e-mail address	Phone (include area code)
Current mailing address (street, apartment number or P. O. box number, city, state, ZIP Code, country)			
Expected term/year of graduation (add last two digits of the year)			
<input type="checkbox"/> fall semester 20 __ __ <input type="checkbox"/> spring semester 20 __ __ <input type="checkbox"/> May session 20 __ __ <input type="checkbox"/> summer session 20 __ __			

### PART 2: Petition description

Briefly state the exception or approval you are requesting.
Provide an explanation or reason to grant your request. Attach a separate sheet if necessary.

### PART 2 continues on page 2

*The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation. This form is available in alternative formats upon request. Please call Disability Services at 218-281-8587.*

**REQUEST TO ADD CLASSES**—Request to register for classes by completing the information below. You may check class availability online at [http://www3.crk.umn.edu/onestop/registration/class\\_schedule.htm](http://www3.crk.umn.edu/onestop/registration/class_schedule.htm)

Term/year	Course subject, number, section (e.g., Comp 1011-003)	5-digit class number	Credits	Grade basis (A-F or S/N)	Instructor Signature

**REQUEST TO CANCEL CLASSES**—Be aware that you may lose financial aid eligibility by canceling class(es). For more information on the consequence of taking fewer credits, go to [www3.crk.umn.edu/onestop/financial\\_Aid/gen\\_info/tuition.htm](http://www3.crk.umn.edu/onestop/financial_Aid/gen_info/tuition.htm).

- Check here to cancel all classes.
- Check here to use the one-time undergraduate discretionary course cancellation or withdrawal (i.e., “one-time drop”). After you give the course information below, add your signature to certify that you **have not taken** the final examination or completed the final project for the course. Your record will indicate a ‘W’ for withdrawal from this course.
- Check here to cancel individual classes. Give the course information requested below for each class.

Term/year	Course subject, number, section (e.g., Comp 1011-003)	5-digit class number

Term/year	Course subject, number, section (e.g., Comp 1011-003)	5-digit class number

**STUDENT CERTIFICATION**

By signing this form, I am certifying that the information I provided is true. I understand that misrepresentation of facts or documentation may be sufficient cause, in and of itself, for automatic denial of this appeal and may be in violation of the Student Conduct Code and subject to disciplinary action up to and including dismissal.

Student's signature (required)	Date
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**PART 3: Adviser's recommendation**

Add your comments/recommendation to the request made in Part 2 of this form (not required for the one-time discretionary course cancellation or withdrawal from all courses).

Adviser's Comments/recommendations	
Adviser's signature	Date

**PART 4: Action taken**

The following action has been determined after University of Minnesota review.

Petition is <input type="checkbox"/> approved <input type="checkbox"/> denied	Petition expiration date (process by due date, if applicable)
Comments	
Signature of authorized AS&P committee member/staff	Date

**SUBMIT TO:** Office of the Registrar, 9 Hill Hall, 2900 University Avenue, Crookston, MN 56716