

## ACADEMIC POLICY PETITION

Undergraduate & professional programs only

### DIRECTIONS

Use this form to petition for an exception or other accommodation to college or University academic policies. Contact your college to determine what additional documentation may be required; whether your request is due by a specific date; and where to submit your completed request. Your request will be reviewed by the Student Scholastic Standing Committee and other University offices, as necessary. Their decision on the action to be taken will be recorded in part 4, page 2. If you are petitioning for medical reasons, have a medical provider or the Disability Resource Center complete a Medical Supplement (<http://policy.umn.edu/forms/otr/otr174.pdf>) to document these circumstances.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

PART 1. Student background		
University ID	Name (last, first, middle initial)	
Birthdate (mm/dd/yyyy)	Email address @umn.edu	Phone (include area code)
Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country)		
College	Major/degree program	
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		
Please briefly state the exception or approval to be considered.		
Please provide an explanation or reason to grant your request below. Attach a separate sheet if necessary.		
PART 2 continues on page 2		



To request copies of this form in an alternative format, please call a Disability Resource Center liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



**ADD CLASSES**—Register for classes by completing the information requested below. You may check class availability online at [onestop.umn.edu/registration/prepare/selection\\_tools/](http://onestop.umn.edu/registration/prepare/selection_tools/).

Term/year	Course subject, number, section (ARTS 3001-001)	Class number (5 digits)	Credits	Grade basis (A-F or S/N)

**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 [onestop.umn.edu/finances/financial\\_aid/eligibility/enrollment\\_criteria.html](http://onestop.umn.edu/finances/financial_aid/eligibility/enrollment_criteria.html).

- 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 (ARTS 3001-001)	Class number (5 digits)	Term/year	Course subject, number, section (ARTS 3001-001)	Class number (5 digits)

### STUDENT CERTIFICATION

My signature below certifies that the information I have provided on this form is true and accurate to the best of my knowledge.

Student signature (required)

Date

### PART 3. Departmental recommendation

**Key contact, instructor, or academic adviser:** Please add your comments/recommendation to the request made in Part 2 of this form (not required for the one-time undergraduate discretionary course cancellation or withdrawal).

Authorized signer’s name (please print: last, first, middle initial)

Authorized signature

Date

### PART 4. Action taken

**The following action has been determined after University of Minnesota collegiate or departmental review.**

Petition is  approved  denied

Petition expiration date (process by due date, if applicable)

Comments

Signature of authorized scholastic committee member/staff

Date