Pine Technical & Community College

Student Petition

Student Information

Name: ___________________________ Student Tech ID #: ___________________________
Last  First  MI  
Address: ____________________________________________________
Street  Apt #: ____________________________________________
City  State  Zip  
Degree/Program Currently Pursuing: ____________________________
Date received by Student Affairs: ____________________________

Student Signature: ___________________________ Date: ____________________________

Student Request

A. I request: (Indicate the basis for requesting this action in the area B below.)

_____ Withdraw from class after deadline
_____ Back-dated drop
_____ Credit overload
_____ Academic forgiveness
_____ Acceptance of transfer credit(s) previously not granted for:
  - Academic requirement
  - Elective credit(s)
_____ Backdated Drop/Waiver/refund due to:
  - Employment related condition
  - Significant personal circumstances
  - College error
  - Ward of the state
  - Medical reasons
_____ Graduation residency requirement
_____ Course substitution
_____ Waiver of program requirement
_____ Waiver of graduation requirement
_____ Request to lift Business Office hold
_____ Other:

Submit to for signatures:

Student Affairs
Student Affairs/Chief Financial Officer/President
Student Affairs/Academic Advisor
Student Affairs
Student Affairs/Chief Financial Officer/President
Program Faculty/Registrar
Program Faculty/Academic Affairs
Program Faculty/Academic Affairs
Program Advisor/Academic Affairs
Chief Financial Officer

Documentation

B. Attach a written description of your request. State your request, reasons, and arguments clearly and concisely giving dates when condition/circumstances happened. Please provide documents in support of your petition with this form.

Office Use Only

Faculty/Staff Action:

_____ Recommended  _____ Not Recommended  _____ Recommended with Conditions*

Signature: ___________________________ Date: ___________________________

Final Action:

_____ Approved  _____ Denied  _____ Approved with Conditions*

Signature: ___________________________ Date: ___________________________

*Conditions or Remarks:

Student Notified on: ___________________________
Method of Notification: ___________________________
Sent to Registrar for action on: ___________________________
Date: ___________________________ Initials: ___________________________

Appealing an Academic Petition Regarding Transfer Decisions

If you are not satisfied with the college or university transfer appeal decision, you may submit a request to the Senior Vice Chancellor of Academic and Student Affairs for a system level appeal of the college or university transfer appeal decision. For more information about this procedure, please see MnSCU Procedure 3.21.1, Undergraduate Course Credit.