



PETITION

STUDENT: This petition is for College of Continuing Education (CCE) students requesting an exception to a University of Minnesota policy. You will receive an **email response** in approximately 7 working days of submission of a complete petition. Please allow extra time for requests regarding courses more than one term old. Urgent problems requiring quicker action should be called to the attention of the CCE Scholastic Committee. Do not assume approval of your request until you have it.

Student name (Last, First, Middle/Maiden)		Student ID# (or SS#)	
Street Address	E-mail	Telephone number	
City		State	Zip Code
<input type="checkbox"/> CCE Non-Degree/Non-Admitted		<input type="checkbox"/> CCE admitted: BAS ICP MLS PIL PSEO CIS Certificate (circle one)	

Please indicate the type of petition. *See page two for important instructions.

One-time Discretionary Course Cancellation

- Each student is permitted one discretionary course cancellation or withdrawal during his/her undergraduate enrollment at any time up to and including the last day of class for that course. Petitions must be hand-delivered or postmarked by the last day of class (not accepted during finals week).
- Withdrawals may impact your financial aid. Contact the Office of Student Finance.

Late Registration* Refer to page two of this petition: Instructor's written permission required. Include a Registration Form with the petition. Indicate grade base option, A-F, S-N or Audit).

Other _____
Please Specify

Course cancellation/withdrawal due to extenuating circumstances *

- Cancellation petitions received after the last day of class require instructor documentation and signature. (Refer to page two of this petition.)
- Provide additional documentation as appropriate (e.g., documentation from doctor).
- Withdrawals may impact your financial aid. Contact the Office of Student Finance.

Late Section Change *(“swap” one section for another for the same course within the same term) Instructor's written permission required for the class you wish to add. (Refer to page two of this petition.)

Please list the course(s) for which you are petitioning:

Dept.	Course #	Sec #	Circle one	Five-digit Class #	Term & Year
1.					on campus / distance education
2.					on campus / distance education
3.					on campus / distance education

Reason/explanation (attach a separate sheet if more space is needed) ***See page two for required instructor signature**

Student Signature	Date
High School Students Only: please indicate Class Status (circle one) SENIOR JUNIOR SOPHOMORE FRESHMAN	
High School Counselor Signature (required for PSEO High School students who are canceling during weeks 3-15)	Date

For Office Use Only

Previous Petitions: _____ term _____ decision	Prior One-time drop used (OTDU): _____ yes or no
Current Petition:	
_____ Approved	Date: _____ Reason: _____ Response Letter: _____
_____ Not Approved	Comments: _____
_____ Other (See Comments)	Added One-time drop (OTDU) this term: _____ Entered in CRM: _____
_____ No Action	Scholastic Committee Rep: _____

*Additional information required for cancellation, registration, and section change requests.

CANCELLATION REQUESTS

If the last day of the class for this course has passed, this late cancellation petition requires the following instructor or department information and signatures:

Instructor Information: (Not valid without instructor or department information and signature.)

This student is requesting to withdraw after the official deadline for cancellation. As part of the consideration of this request, the CCE Committee on Student Scholastic Standing appreciates the following information. Please indicate if the information is no longer available.

- * What date or week of the term did the student last attend class? _____
- * In assignments submitted so far, is the student earning a passing grade? yes no
- * Did the student complete the course or submit a final exam or paper? yes no

Additional comments and/or recommendations: _____

Course # _____ Section # _____ Term _____ Year _____

Instructor's signature _____ Date _____ Phone _____ Email _____

Instructors with questions may call **624-4000** and ask to speak with a CCE Scholastic Committee representative. **Thank you.**

LATE REGISTRATION (or section change) REQUESTS

To be reviewed by the CCE Scholastic Committee all late registration and section change petitions must be accompanied by:

- A completed registration form (not required for College in the Schools students).
- Written permission from the instructor of the course or appropriate departmental representative, in the form of a signature below or other written communication is required to add the course late. Permission must be dated within 7 days of when you submit your petition.

Instructor Information: (Not valid without instructor or department information and signature.)

This student is requesting to register for your course after the official deadline for registration. If you approve of this request, please sign below and include requested information.

Course # _____ Section # _____ Term _____ Year _____

Instructor's signature _____ Date _____ Phone _____ Email _____

Instructors with questions may call **624-4000** and ask to speak with a CCE Scholastic Committee representative. **Thank you.**

NOTE: Permission numbers expire after the second week of the semester.

Return completed petition to:

Student Services and Advising	Phone:	612-624-4000
College of Continuing Education	Fax:	612-625-2402
20 Ruttan Hall		
1994 Buford Avenue		
St. Paul, MN 55108		

This publication is available in alternative formats; contact the CCE Information Center at (612) 624-4000.
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