### **PETITION**

TO THE STUDENT: This petition is for College of Continuing Education (CCE) students requesting an exception to a UMTC policy. You will receive an email response in approximately 7 working days. 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. Attention High School students: PSEO & CIS students indicate status below. (PSEO students submit petition directly to PSEO office). \*Signature required.

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Student name (Last, First, Middle/Maiden)			Student ID# (if none, SSN)		
Street Address	*E-mail (U of M, or if none, other e-mail)		Telephone number		
City			State	Zip Code	
□ CCE Non-Degree/Non-Admitted □ CCE admitted: BAS, ICP, MdS, PIL, PSEO, CIS, Certificate, Graduate Program (check one box) (circle program status if applicable)					
(onlock one box) (onloc program states it applicable)					
Please indicate the type of petition. *See page two for important instructions.					
$\square$ One-time Discretionary Course Cancellation $\square$ Course cancellation/withdrawal due to					
<ul> <li>Each student is permitted one discre</li> </ul>		umstances *refer to			
during his/her undergraduate enrollm including the last day of class for that	ent at any time up to and to course. Petitions must be		itions received after the		
hand-delivered or postmarked by the		class require instructor documentation and signature. (Refer to page 2 of this petition.)			
accepted during finals week).			al documentation as app	ropriate	
Your signature below signifies that you have not taken the final exam or completed the final project for the course.			ocumentation).  by impact your financial aid. Contact the		
<ul> <li>Withdrawals may impact your financial aid. Contact the Office of Office of Students</li> </ul>			y impact your financial a Finance at the One Sto		
Student Finance.					
Late Registration*Instructor's written permission required.  (Refer to page 2 of this petition.) Must indicate #Credits & Grade			Please Specify		
Base below.	mode morodito d Crado		riease Specify		
Please list the course(s) for which you are petitioning:					
		_	Circle one 1	Term & Year	
1. On campus/Online					
2. On campus/Online					
3. On campus/Online					
Reason/explanation (attach a separate sheet if more space is needed) *See page two for required Instructor signature					
*Student Signature (required)				Date	
High School Students Only: please indicate	Class Status (circle one)	SENIOR JUNIOR	SOPHOMORE I	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:		Prior one-time d	rop (OTDU) used:		
term petition type Current Petition:	decision		yes	or no	
	Reason:	Respons	e Letter:		
	rtodoon.				
	me drop (OTDU) in PS this te				
No Action Scholastic Co.	Scholastic Committee Rep:		committee□		

\*Additional information required for cancellation, registration, and cancel/add 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?
  \* 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: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

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

# LATE REGISTRATION and CANCEL/ADD ("SWAP") REQUESTS Cancel/Add ("Swap") applies only to section changes for the same course.

To be reviewed by the CCE Scholastic Committee, all late registration and cancel/add 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 written communication on a separate piece of paper indicating permission to add the course late (preferably on department letterhead). For late additions, written permission should be dated no earlier than 30 days prior to submission.

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

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

Course # \_\_\_\_\_ Section # \_\_\_\_ # of course credits \_\_\_\_ Term \_\_\_ Year \_\_\_\_

Instructor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's phone: \_\_\_\_\_ Instructor's email: \_\_\_\_\_ Instructor's email: \_\_\_\_\_ Thank you.

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

## Return completed petition to:

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

Fax: 612-625-2402 (if faxing, call to confirm receipt)

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

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