

Academic Petition Form

(January 2022)

For Office use only

			ived Staff
Please print! Date: 7	Cerm of Petition		
Name		Student ID	number:
Address			
City	S	ate	Zip
Cell	Email		
I request the following exception(s) to (Please state specifically and completed policy, please cite the policy. State what request should be granted. NOTE: If reasons, medical documentation is requested.	y what you are requesting at action you want the coll eason for petition is due to	. If you are requesting an ege to take on this reque to tilness, accident, surg	n exception to a specific st and why you feel this ery, mental health or other medical
Reason for petition			
List supporting documents attached:			
Student Signature Da	te A	dvisor/Counselor	Date
Submit this form to the Record	ls Office when comp	leted.	
Action by Administration			
Approved Not Approv	ed Approved	with conditions	_
Comments			
_			
	<u> </u>		
Vice President, Academic Affairs or D	•	Registrar	Date
Records Office Action			
Presidential Appeal If the student is not satisfied with the F student may appeal to the President.	ond du Lac Tribal and Co	mmunity College Petitio	n Committee decision the
		Notes:	
President	Date		

System-Level Appeal

If the student is not satisfied with the Fond du Lac Tribal and Community College transfer appeal decision, the student may submit a request to the Minnesota State Senior Vice Chancellor of Academic and Student Affairs for a system-level appeal.

Copies: Records Financial Aid Business Office