

For Office use only

(January 2022)

Date received _____ Staff _____

Please print! Date: _____ Term of Petition _____

Name _____ Student ID number: _____

Address _____

City _____ State _____ Zip _____

Cell _____ Email _____

I request the following exception(s) to the academic policies of the college as outlined below.

(Please state specifically and completely what you are requesting. If you are requesting an exception to a specific policy, please cite the policy. State what action you want the college to take on this request and why you feel this request should be granted. **NOTE: If reason for petition is due to illness, accident, surgery, mental health or other medical reasons, medical documentation is required prior to petition committee review. Please include documentation with petition.**

Reason for petition _____

List supporting documents attached: _____

Student Signature	Date	Advisor/Counselor	Date
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Submit this form to the Records Office when completed.

Action by Administration

Approved _____ Not Approved _____ Approved with conditions _____

Comments _____

Vice President, Academic Affairs or Designee	Date	Registrar	Date
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Records Office Action _____

Presidential Appeal

If the student is not satisfied with the Fond du Lac Tribal and Community College Petition Committee decision the student may appeal to the President.

President	Date	Notes: _____
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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