

# PETITION

**TO THE STUDENT:** This petition is for College of Continuing and Professional Education (CCAPS) 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 CCAPS Scholastic Committee. Do not assume approval of your request until you have it. **PSEO and CIS students: Indicate status below. (PSEO students submit petition directly to PSEO office).** \*Signature required.

Student name (Last, First, Middle/Maiden)		Student ID# (if none, SSN)	
Street Address	*Email (U of M, or if none, other e-mail)	Telephone Number	
City		State	Zip Code
<input type="checkbox"/> <b>CCAPS Non-Degree/Non-Admitted</b> (check one box)		<input type="checkbox"/> <b>CCAPS admitted:</b> BAS, ICP, MdS, PIL, PSEO, CIS, Certificate, Graduate Program (circle program status if applicable)	

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

<input type="checkbox"/> <b>One-time Discretionary Course Cancellation</b> <ul style="list-style-type: none"> <li>▪ Each student is permitted one discretionary course cancellation 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).</li> <li>▪ <b>Your signature below signifies that you have not taken the final exam or completed the final project for the course.</b></li> <li>▪ Withdrawals may impact your financial aid. Contact the Office of Student Finance.</li> </ul> <input type="checkbox"/> <b>Late Registration*</b> Instructor's written permission required. (Refer to page 2 of this petition.) Must indicate #Credits & Grade Base below.	<input type="checkbox"/> <b>Course cancellation/withdrawal due to extenuating circumstances *refer to page 2</b> <ul style="list-style-type: none"> <li>▪ Cancellation petitions received after the last day of class require instructor documentation and signature. (Refer to page 2 of this petition.)</li> <li>▪ Provide additional documentation as appropriate (e.g., medical documentation).</li> <li>▪ Withdrawals may impact your financial aid. Contact the Office of Student Finance at the One Stop office.</li> </ul> <input type="checkbox"/> <b>Other</b> _____ <div style="text-align: right; margin-right: 50px;">Please Specify</div>
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**Please list the course(s) for which you are petitioning:**

Dept.	Course#	Sec#	5-digit class #	#Credits	Grade Base	Circle one	Term & Year
1.						On campus/Online	
2.						On campus/Online	
3.						On campus/Online	

<b>Reason/explanation</b> (attach a separate sheet if more space is needed) <b>*See page two for required instructor signature</b>				
<b>*Student Signature (required)</b>				<b>Date</b>
<b>High School Students Only:</b> please indicate Class Status (circle one)    SENIOR    JUNIOR    SOPHOMORE    FRESHMAN				
<b>High School Counselor Signature</b> (required for PSEO High School students who are canceling during weeks 3-15)				<b>Date</b>

**For Office Use Only**

Previous Petitions: _____	Prior one-time drop (OTDU) used: _____
term                      petition type                      decision	yes or no
Current Petition:	
_____ Approved	Date: _____ Reason: _____ Response Letter: _____
_____ Not Approved	Comments: _____
_____ Other (See Comments)	Added One-time drop (OTDU) in PS this term: _____ entered in CRM: _____
_____ No Action	Scholastic Committee Rep: _____ committee <input type="checkbox"/>

\* 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 CCAPS 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: \_\_\_\_\_

Instructor's phone: \_\_\_\_\_ Instructor's email: \_\_\_\_\_

Instructors with questions may call **624-4000** and ask to speak with a CCAPS 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 CCAPS 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 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 # \_\_\_\_\_ # of course credits \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

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

Instructor's phone: \_\_\_\_\_ Instructor's email: \_\_\_\_\_

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

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

***Return completed petition to:***

Student Services Phone: 612-624-4000  
College of Continuing and Professional Studies Fax: 612-625-2402 (if faxing, call to confirm receipt)  
20 Ruttan Hall  
1994 Buford Avenue  
St. Paul, MN 55108

This publication is available in alternative formats; contact the CCAPS Information Center at (612) 624-4000. The University of Minnesota is an equal opportunity education and employer.