Academic Petition



Submit this form to request a waiver to an ATC academic policy. This form cannot be used to appeal a final grade assignment. For concerns about a grade, please contact the course instructor.

Name:		Student/Star ID#:			
Email:				Phone:	
Program Major:					
Semester (select one):	: Fall	Spring	Summer	Year:	
Select request:					
Waive course prerequisite			Repeat course a third time		
Waive progran	n requirement		Repeat Accuplacer (ex. read, math):		
Waive credit requirement			Other:		
transcripts that may b		•		ppies of any non-MinnState	
Student Signature:			Date:		
·				Academic Affairs, Room 117. eks of submission.	
College Use Only: Reviewer Recommendation: Reviewer Comments:		Not Approved	Approved with co	nditions	
Reviewer Signature:				Date:	
Reviewer Recommendation: Reviewer Comments:				nditions	
Reviewer Signature:				Date:	
Academic Dean Recommendati Academic Dean Comments:		•	pproved Appro	ved with conditions	
Academic Dean Signature:				Date:	
Results sent to student by:				Date:	
Records Office: Process by:				Date:	

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