

**ACADEMIC PETITION**

(Please submit one petition for each request)

**Return completed form to:**

Anoka Technical College  
ATTN: Assistant to the Academic Dean  
1355 West Highway 10  
Anoka, MN 55303 Fax: (763) 576-4756 Phone: (763) 576-4746

Name \_\_\_\_\_ SSN# or Student ID \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Home Phone\_( ) \_\_\_\_\_  
Street

\_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
City State Zip

Toward which program does this petition apply?  Certificate Academic Year \_\_\_\_\_  
 Diploma Program Name: \_\_\_\_\_  
 AAS  None (of these) \_\_\_\_\_

I have submitted an application Anoka Technical College  Yes  No

I am currently registered at Anoka Technical College  Yes  No

*(Petitions will not be processed until the application fee has been paid.)*

A. I request approval to receive college credit for other educational experience (excluding work experience).

Indicate below the basis for requesting this action.

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Discipline exam (test-out)       | 4. <input type="checkbox"/> Other organized educational experience |
| 2. <input type="checkbox"/> Armed Services training-military | 5. <input type="checkbox"/> Non-accredited college coursework      |
| 3. <input type="checkbox"/> USAFI courses                    | 6. <input type="checkbox"/> Other basis (explain) _____            |

\_\_\_\_\_

B. I request the following waiver of/substitution to the academic policies of the college as checked below.

- |  |  |
|--|--|
| 7. <input type="checkbox"/> General education          | 11. <input type="checkbox"/> Suspension            |
| 8. <input type="checkbox"/> Program/degree requirement | 12. <input type="checkbox"/> Course substitution   |
| 9. <input type="checkbox"/> Residency requirement      | 13. <input type="checkbox"/> Other (explain) _____ |

\_\_\_\_\_

10.  Academic renewal/academic forgiveness

**Action Requested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please attach transcript, other supporting documents, and additional explanations.***

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

<b>Faculty Recommendation:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Approved w/ conditions <b>Vice President for Academic &amp; Student Affairs</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved w/conditions FACULTY SIGNATURE _____ DATE _____ VPASA SIGNATURE _____ DATE _____
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**CONDITIONS/REMARKS** (For college use only)