



1355 West Highway 10
Anoka, MN 55303

www.anokatech.edu

Academic Forgiveness Petition

(Student: Please route to Counseling Office at Anoka Technical College)

Today's Date _____

Student Name _____

Student ID Number _____ Phone Number _____

Date of Re-admission to Anoka Technical College _____

Current Program _____

Courses completed since re-admission. (Attach a separate sheet if more space is needed)

Semester and year taken	Course prefix and number	Course name	Number of credits	Grade

Courses to be forgiven

Semester and year taken	Course prefix and number	Course name	Number of credits	Grade

Rationale for Academic Forgiveness

Student Signature _____ Date _____

Academic Dean _____ Date _____