



1355 West Highway 10  
Anoka, MN 55303

www.anokatech.edu

## Academic Petition Form

(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

Student Name \_\_\_\_\_ SSN# or Student ID \_\_\_\_\_  
LAST FIRST MI

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone Number \_\_\_\_\_ Work/Cell Phone Number \_\_\_\_\_

Toward which program does this petition apply?

AAS Degree     Certificate     Diploma     Program Name \_\_\_\_\_

Other \_\_\_\_\_     Academic Year \_\_\_\_\_

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          | 10. <input type="checkbox"/> Academic renewal/academic forgiveness |
| 8. <input type="checkbox"/> Program/degree requirement | 11. <input type="checkbox"/> Suspension                            |
| 9. <input type="checkbox"/> Residency requirement      | 12. <input type="checkbox"/> Course substitution                   |
|  | 13. <input type="checkbox"/> Other (explain) _____                 |

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

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Recommendation:  Approved  Not approved  Approved with conditions

Vice President for Academic & Student Affairs:  Approved  Not Approved  Approved with conditions

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

APASA Signature \_\_\_\_\_ Date \_\_\_\_\_

**Conditions/Remarks (for college use only)**