



**ACADEMIC POLICY PETITION**

**RETURN FORM:**

One Stop Student Services  
111 S. Broadway, Suite 300  
Rochester, MN 55904

**QUESTIONS?**

Phone: (507) 258-8069  
Email: [umr1stop@r.umn.edu](mailto:umr1stop@r.umn.edu)

***Undergraduate & professional programs only***

**DIRECTIONS**

Use this form to request an exception or other accommodation to college or University academic policies. Your request will be reviewed by the Student Scholastic Committee. Their decision will be recorded in part 4, page 2. Student and Success Coach receive an email of the Committee's decision. If you are petitioning for medical reasons, have a medical provider complete a Medical Supplement (<http://policy.umn.edu/forms/otr/otr174.pdf>) to document these circumstances. Follow the petition guidelines: <https://onestop.r.umn.edu/node/2876106/attachment>

**To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please write legibly or type your petition.**

<b>PART 1. Student background</b>		
University ID	Name (last, first, middle initial)	
Birthdate (mm/dd/yyyy)	Email address <small>@umn.edu</small>	Phone (include area code)
Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country)		
College	Major/degree program	
Expected term/year of graduation (add last two digits of the year)		
<input type="checkbox"/> fall semester 20____ <input type="checkbox"/> spring semester 20____ <input type="checkbox"/> May session 20____ <input type="checkbox"/> summer session 20____		
<b>PART 2. Petition description</b>		
Please briefly state the exception or approval to be considered.		
Please provide an explanation or reason to grant your request below. Attach a separate typed sheet if necessary.		
PART 2 continues on page 2		



To request copies of this form in an alternative format, please call a Disability Resource Center liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



**ADD CLASSES**—Register for classes by completing the information requested below. You may check class availability online at <https://onestop.r.umn.edu/academics/class-search-resources>.

Term/year	Course subject, number, section (ARTS 3001-001)	Class number (5 digits)	Credits	Grade basis (A-F or S/N)

**DROP/WAITHDRAW FROM CLASSES**—Be aware that you may lose financial aid eligibility by dropping/withdrawing from class(es). For more information on the consequence of taking fewer credits, go to <https://onestop.r.umn.edu/finances/minimum-undergraduate-credits-financial-aid>

- Check here to use the one-time undergraduate discretionary course cancellation or withdrawal (i.e., “one-time drop”). After you give the course information below, add your signature to certify that you **have not taken** the final examination or completed the final project for the course. Your record will indicate a ‘W’ for withdrawal from this course.
- Check here to drop/withdraw from individual classes. Give the course information requested below for each class.

Term/year	Course subject, number, section (ARTS 3001-001)	Class number (5 digits)	Term/year	Course subject, number, section (ARTS 3001-001)	Class number (5 digits)

**STUDENT CERTIFICATION**

My signature below certifies that the information I have provided on this form is true and accurate to the best of my knowledge.

Student signature (required)	Date
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**PART 3. Departmental recommendation**

**Key contact, instructor, or academic adviser:** Please add your comments/recommendation to the request made in Part 2 of this form (not required for the one-time undergraduate discretionary course cancellation or withdrawal).

Authorized signer’s name (please print: last, first, middle initial)

Authorized signature	Date
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**PART 4. Action taken**

**The following action has been determined after University of Minnesota collegiate or departmental review.**

Petition is <input type="checkbox"/> approved <input type="checkbox"/> denied	Petition expiration date (process by due date, if applicable)
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Comments

Signature of authorized scholastic committee member/staff	Date
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