Student Petition
Itasca Community College
Student Services Office – 107 Backes Student Center
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax 218-322-2325

Student Name: ___________________________ Student #: ___________________________

Current Address: ___________________________ Date: ___________________________

City/State/Zip: ___________________________ Phone #: ___________________________

Degree/Program Currently Pursuing: ____________________________________________

I respectfully petition the following:

* ______ Transfer Credit Appeal (Dean of Students)
* ______ Withdrawal after Deadline (Dean of Students)
* ______ Waiver of Program Requirement (Dean of Students & Faculty)
* ______ Waiver of Graduation Requirement (Dean of Students)
* ______ Credit Overload (Dean of Students)
* ______ Apply after Admission Application Deadline (Dean of Students)
* ______ Request for Early Exam (Provost) (requires faculty signatures)
* ______ Course Substitution

*If you are dissatisfied with the outcome of your petition to have transfer coursework accepted and/or applied to an academic requirement, you have the right to appeal at the System (MnSCU) level. Information about System level appeals is available at www.transfercenter.project.mnscu.edu. Click “Transfer Basics” then “Appeal Process” from the left.

State your request, reasons, and arguments clearly and concisely giving dates when condition/circumstances happened. Secure necessary signatures. *If insufficient information is provided, this form will be returned to you. (Attach additional sheets if necessary)

Student Signature ___________________________ Date ___________________________
Advisor Signature (optional) ___________________________ Date ___________________________

FOR OFFICE USE ONLY:

Petition Approved: _____________ Petition Denied: _____________ Approved with Conditions: _____________

Comments/Conditions: 

Approving Party’s Signature ___________________________ Date ___________________________

Actions Taken/Date Mailed: 

Student Services Office Signature ___________________________ Date ___________________________

*** Return this completed form to the Student Services Office ***

Itasca Community College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, gender identity, gender expression or membership or activity in a local commission as defined by law. This document is available in alternative formats to individuals with disabilities, consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

ann.vidovic@itascacc.edu or 218-322-2433 or 1-800-996-6422.

03/2020