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

___ Late/Retro Drop after Drop/Add Period (Dean of Students)
___ Refund of Housing Pre-Payment (Dean of Students)
___ Res. Hall Contract Cancellation Request (Dean of Students)
___ Res. Hall Length of Stay Adjustment (Dean of Students)
___ Request to Lift Business Office Hold (Provost)
___ Waiver /Refund Due to: (Provost)
   • medical reasons
   • college error
   • ward of state
   • significant personal circumstances
   • employment related condition

___ Other

*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)

For Office Use Only:

Student Signature ___________________________________________ Date __________
Advisor Signature ___________________________________________ Date __________

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.

12/2018