

Petition

Complete Section A of this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink. Return this form to your collegiate unit student affairs office.

A-to be completed by the student			
Student last name	First	Middle	
Current street address	City	State	Zip Code
Student ID number	U of M e-mail @d.umn.edu	Phone	

This petition pertains to Fall semester (yr)_____ Spring semester (yr)_____ May/Summer session (yr)_____

Please briefly state the exception or approval to be considered.

Please provide an explanation or reason to grant your request below. Attach a separate sheet if necessary.

ADD CLASSES—Register for classes by completing the information requested below. You may check class availability online at https://webapps-prd.oit.umn.edu/courseinfo/classschedule_selectsubject.jsp?campus=UMNDL

Term/year	Course subject, number, section (ART 1002-001)	5-digit class number	Credits	Grade basis (A-F or S/N)

CANCEL CLASSES—Be aware that you may lose financial aid eligibility by canceling class(es). For more information on the consequences of taking fewer classes, go to http://www.d.umn.edu/fareg/credit_index.htm.

- Check here to cancel all classes.
- Check here to cancel individual classes. Give the course information requested below for each class (current term only).

Term/year	Course subject, number, section (e.g., ART 1002-001)	5-digit class number

STUDENT CERTIFICATION

All information provided is true and correct to the best of my knowledge; I understand falsification of information may result in disciplinary action.

Student signature _____ **Date** _____

- Indicate your collegiate unit and return the form to that office.**
- | | | |
|---|---|--|
| <input type="checkbox"/> CE-104 DAdB | <input type="checkbox"/> CLA-310 KPlz | <input type="checkbox"/> SCSE-140 EngB |
| <input type="checkbox"/> CEHSP-120 BohH | <input type="checkbox"/> LSBE-111A LSBE | <input type="checkbox"/> SFA-107 MonH |
| <input type="checkbox"/> MED-174 SMed | <input type="checkbox"/> PHAR-232 LSci | <input type="checkbox"/> GRAD-431 DAdB |

B-To be completed by adviser/instructor/department head/collegiate unit staff

Adviser Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Signature/date	Instructor (if a course is involved) Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Signature/date	Department head Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Signature/date
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Collegiate unit staff signature, date, and comments

C-Action taken

Authorized signature	Date
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments:	Effective date _____
	By _____
	Date _____