

Student Petition Cover Sheet

Student Name _____

Student ID# _____

Student Responsibilities:

Students are responsible for completing all sections of the petition. Students are expected to submit a written and detailed explanation for their petition request. All supporting documents must be included in the petition submission (transcripts, DARS reports, medical documents). Students will also be required to obtain instructor signatures for those petitions that require faculty approval. Students will return completed petitions and paper work to an advisor/counselor .

Administrator Responsibilities:

Once the administrator receives the Petition and supporting documents, the administrator makes a decision on the petition based on submitted information. The administrator may obtain additional information through an advisor, financial aid officer, or counselor. Once a decision on the petition is rendered, the administrator submits the petition and decision to the records office for distribution to all involved parties.

Advisor /Counselor Responsibilities:

Advisors and counselors are expected to assist students with submitting the petition,, directing the student through the paperwork, and obtaining signatures for petition submittal. Advisors/counselors may work with students to get supporting documentation for submission of petition. Advisors/counselors may also assist with advocating for the student through the petition process.

Please check included items:

- DARS
- Transcript
- Medical Records
- Legal Document
- Are you currently receiving Financial Aid?

Yes

No

- Check this box if you have you met with an advisor/counselor

***NOT VALID WITHOUT
ADVISOR/COUNSELOR SIGNATURE***

Student Petition

Mesabi Range Community & Technical College

Students may request an exception to college policy or procedure when extenuating circumstances have occurred. When completing this form, state your request, describe the specific incident or hardship, and attach any supporting documentation. Be aware that your request may not be processed if you do not include relevant documentation.
Return the completed form to the Records Office.

Name: _____ Student ID: _____

Street Address: _____ Year/Term: _____

City, State, ZIP: _____ Telephone #: _____

Students are held accountable for all of the college policies and procedures listed in the MRCTC Catalog and Student Handbook.

- | | |
|---|--|
| <input type="checkbox"/> Transfer Credit Appeal (Academic Dean)
<input type="checkbox"/> Waiver of Graduation Requirements (Academic Dean)
<input type="checkbox"/> Waiver of Program Requirements (Academic Dean)
<input type="checkbox"/> Request for Early Exams (Academic Dean)
<input type="checkbox"/> Appeal of Suspension Appeals Committee (Dean of Students)
<input type="checkbox"/> Credit Overload (Advisor)
<input type="checkbox"/> Military Duty (Dean of Students)
<input type="checkbox"/> OTHER _____ | <input type="checkbox"/> Course Test Out (Instructor)
<input type="checkbox"/> Request for Pass/Fail Option (Academic Dean)
<input type="checkbox"/> Appeal of Disciplinary sanction (Dean of Students)
<input type="checkbox"/> Waiver of Residency Requirement (Dean of Students)
<input type="checkbox"/> Release from housing contract (Dean of Students)
<input type="checkbox"/> Waiver of Prerequisite Requirement (Instructor)
<input type="checkbox"/> Tuition/Fee Refund (Provost)
<input type="checkbox"/> Course substitution (Institution) |
|---|--|

Description of your request (attach additional pages if needed):

Supporting evidence or description of circumstances beyond your control (attach additional pages if needed):

Student Signature: _____ Date: _____

MRCTC Instructor: _____ Date: _____

MRCTC Advisor/Counselor: _____ Date: _____

OFFICE USE ONLY	
Administrator's action:	
<p style="text-align: center;">_____ Approved</p> <p>Administrators Signature _____ Date</p> <p>Chief Fiscal Director _____ Date</p> <p>Records Office _____ Date</p> <p>(Records office will distribute all copies)</p>	<p style="text-align: center;">_____ Denied</p> <p style="text-align: center;">_____ Back Date Drop</p> <p style="text-align: center;">_____ Fee/Tuition Waiver</p> <p>(Documentation must be attached)</p> <p>Please check for reason approved:</p> <p>_____ Employee Benefit _____ Death of Student _____ Medical Reason _____ College Error _____ Employment Related Condition _____ Significant Personal Reasons _____ Situations beyond control of campus</p>

MRCTC is an affirmative action, equal opportunity educator and employer. This document is available in alternate format to individuals with disabilities by calling (218) 744-7471, 1.800.657.3860 or TTY 218-744-7455).

Copies to: Records, Approving Party, Student, Business Office and Financial Aid Office, when appropriate.