



Date: _____

Student ID: _____

Academic Program: _____

Academic Petition

Term: Summer Fall Spring Year: _____

Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Any student currently enrolled in Anoka Technical College may use the Academic Petition Form to request a waiver to the academic policies of the college.

- Course pre-requisite
- Waive program requirement
- Credit requirement for program
- Repeat course (beyond college policy)
- Repeat Accuplacer _____
- Waive Adult Basic Education refresher-prior to repeating Accuplacer test _____

This form is NOT to be used to request a grade change, see course instructor.

Students petitioning will need to provide a transcript from non-MnSCU institutions, and purpose or reason for the petition (use the space below to define your request). The petition and documentation will then be forwarded to the appropriate faculty member(s) and then the Academic Dean for evaluation. Allow 10-15 business days for results/determination (allow for additional processing time during summer and semester breaks) on the Academic Petition. If the student disagrees with the decision made by the Academic Dean they may appeal to the Vice President for Academic and Student Affairs.

I understand that if I have not followed the instructions on this petition or if I have not attached the proper documentation, my petition cannot be processed. The statement and documents that I have attached are true and accurate to the best of my knowledge. When submitting this document electronically, my typed name will serve as my signature.

Student Signature: _____ Date _____

MAIL, FAX OR EMAIL FORM TO:

Anoka Technical College, ATTN: Academic Affairs 1355 W Highway 10, Anoka, MN 55303

Fax (763)-576-4715 AcademicAffairs@anokatech.edu

When the Academic Petition has been finalized, the Academic Affairs office will make copies and distribute one copy will be mailed to the student, the other copies to the faculty/staff member(s). The original Academic Petition will be stored in the Student Record in the Records and Registration Office.

OFFICE USE ONLY
Faculty/Staff members

(Please print your Name, Department and your recommendation in the space below)

Approved Not Approved Approved with conditions

Name: _____ Department: _____

Comments:

Signature _____ Date _____

Approved Not Approved Approved with conditions

Name: _____ Department: _____

Comments:

Signature _____ Date _____

Approved Not Approved Approved with conditions

Name: _____ Department: _____

Comments:

Signature _____ Date _____

Academic Dean

Approved Not Approved Approved with conditions

Decision and comments:

Signature: _____ Date: _____