

**COLLEGE IN THE HIGH SCHOOL
PETITION FOR AN EXCEPTION TO AN ADMINISTRATIVE POLICY**

Office of the Registrar
University of Minnesota, Crookston

This petition is used by the student and the CIHS Facilitator to request an exception to University of Minnesota Crookston campus policies. Contact the UMC Center for Adult Learning before submitting this petition to discuss the ramifications of this request and to explore other options such as requesting an Incomplete grade. Petitions are usually acted upon within one week, but processing delays may occur due to the availability of faculty and staff. DO NOT ASSUME APPROVAL OF YOUR REQUEST UNTIL YOU ARE NOTIFIED BY E-MAIL.

Please complete all information requested fully and completely. A decision on this matter may alter the student's official UMC academic record. This form will be returned if the request is unclear, information is incomplete, or appropriate documentation is not included.

PLEASE INCLUDE A CURRENT HIGH SCHOOL TRANSCRIPT.

Student Name (last, first, middle)	UMC Student ID # or Last 4-digits of SSN

Student Mailing Address (street, city, state, zip code)	Student E-mail Address	Student Telephone Number

Name & Title of CIHS Facilitator and High School Name	CIHS Facilitator E-mail Address	CIHS Facilitator Telephone Number

You will be notified of the decision by e-mail.

I. Reason for Request.. <input type="checkbox"/> CANCEL under terms of UMC's "one-time" drop policy <input type="checkbox"/> CANCEL-Didn't meet CIHS eligibility of 3.00 high school GPA <input type="checkbox"/> CANCEL-Didn't meet CIHS eligibility of Junior standing <input type="checkbox"/> CANCEL-Didn't meet CIHS eligibility of 2.00 UMC GPA <input type="checkbox"/> High school registration error <input type="checkbox"/> Center for Adult Learning registration error <input type="checkbox"/> Student registration error	<input type="checkbox"/> Student canceled HS course but not UMC course <input type="checkbox"/> Credit overload due to year-long courses <input type="checkbox"/> <i>OTHER</i> . State clearly your specific request. Attach a separate sheet if more space is needed:
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II. Explain the circumstances that led to this appeal and why the University should approve your request. Attach a separate sheet if more space is needed.

III. Course Add/Cancel. Complete this section ONLY if your request involves adding or canceling a class

Year:	Term:
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Action Requested	Subject	Course Number	Section	Class No.	Credits	Grade Option
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Cancel	Example. Comp	1011	2	53055	3	A-F
<input type="checkbox"/> Add <input type="checkbox"/> Cancel						
<input type="checkbox"/> Add <input type="checkbox"/> Cancel						
<input type="checkbox"/> Add <input type="checkbox"/> Cancel						

YES NO *I certify that the information provided is true. I understand that misrepresentation of facts in connection with this form, whenever discovered, may be sufficient cause, in and of itself, for rescission of any related decision and the initiation of a disciplinary complaint.*

STUDENT SIGNATURE	Date

CIHS FACILITATOR SIGNATURE	Date

SUBMIT TO:

*Office of the Registrar, University of Minnesota, Crookston, 9 Hill Hall, 2900 University Ave., Crookston, MN 56716-5001
Fax: 218-281-8549 Email: umcreg@umn.edu (2/10/14)*