

UNIVERSITY OF MINNESOTA

Crookston Campus

Office of the Registrar

9 Hill Hall
2900 University Avenue
Crookston, MN 56716-5001
218-281-8547
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STUDENT PETITION FOR REQUESTING TO ENROLL IN A COURSE A THIRD TIME

NOTE

- Students may only repeat a U of M course or its equivalent once.
- Petitions to request to take a course a third time are rarely approved.
- Petitions to take a course a fourth time will not be considered.
- Even though an instructor/advisor may suggest that a student repeat a course for a third time and/or supports the student's request, this would not be acceptable grounds for approving a student's petition.
- [You are encouraged to review the petition guidelines for enrolling in a course a third time.](#)

PROCESS

- Complete this petition in detail and secure the signature of your advisor prior to submission.
- The Academic Standards & Policy Committee will review your request, as necessary.
- The decision will be sent to your official University email account.
- Review of a properly completed petition may take five or more business days.

PART 1: Student background

University ID		Name (last, first, middle)		
Birth date (mm/dd/yyyy)	University e-mail address @umn.edu	Personal e-mail address	Phone (include area code)	
Current mailing address (street, apartment number or P. O. box number, city, state, ZIP Code, country)				

PART 2: Course requesting to repeat

List the class(es) you are requesting to repeat.

Term/year	Course subject, number, section (e.g., Comp 1011-003)	5-digit class number	Credits	Grade basis (A-F or S/N)	Instructor Signature (only if needed)

PART 3: Details on requesting to repeat a course a third time

Explain in detail why you were not successful the first two times you took the class(es)?

What do you believe has changed that will allow you to have success at this time?

Have you discussed with your advisor possible alternatives (course substitution or taking a similar class at another college)? What were the details of the alternatives discussed?

STUDENT CERTIFICATION

By signing this form, I am certifying that the information I provided is true. I understand that misrepresentation of facts or documentation may be sufficient cause, in and of itself, for automatic denial of this appeal and may be in violation of the Student Conduct Code and subject to disciplinary action up to and including dismissal.

Student's signature (required)

Date

PART 4: Adviser's section

Adviser's Comments/recommendations

Adviser's signature

Date

PART 5: Action taken

The following action has been determined after University of Minnesota review.

Petition is: approved denied

Comments

Signature of authorized AS&P committee member/staff

Date

SUBMIT TO: Office of the Registrar, 9 Hill Hall, 2900 University Avenue, Crookston, MN 56716
Email: umcreg@umn.edu
Fax: 218-281-8549

6/22/15