

Academic Petition



Pine
Technical
College

Revised: 3/2010

Student Information

Name: _____ Student ID #: _____
Last First MI
Address: _____ Home Phone: _____
Street Apt #
City State Zip Cell/Work Phone: _____
Program: _____ E-Mail Address: _____
Student Signature: _____ Date: _____
Reviewed by counselor: _____ Date: _____

Instructions: ATTACH SUPPORTING DOCUMENTATION, INCLUDING TRANSCRIPTS, CATALOG COURSE DESCRIPTIONS, ETC. Be very specific in your request. Return to address listed above. Submit a copy to the Chief Academic Officer with all supporting documents.

Student Request

- A. I request: (Indicate the basis for requesting this action in the area C below.)
1. _____ Waiver of academic requirement
 2. _____ Waiver of credit requirement
 3. _____ Acceptance of transfer credit(s) previously not granted for:
_____ Academic requirement _____ Elective credit(s)
 4. _____ Course Substitution
 5. _____ Other: _____
- B. I request the following exception(s) to the academic policies of the college. (Indicate the basis for requesting this action in area C below.)
1. _____ Liberal Education/Mn TC Goal
 2. _____ Program/Degree requirement
 3. _____ Academic Residency requirement
 4. _____ Academic Forgiveness
 5. _____ Other: _____
- C. Explain the reasons for this request:
- _____
- _____

Office Use Only

Recommended of Program Advisor

- _____ Recommended _____ Not Recommended
_____ Recommended with conditions*
_____ Applies only to program/degree listed above
_____ Applies to any program within the degree listed above
_____ Waiver of Requirement
_____ Waiver of Credit(s)
_____ For credit by exam, grade earned: _____

Signature: _____
Date: _____
Student Notified: _____

Action by Chief Academic Officer

- _____ Approved _____ Disapproved
_____ Approved with conditions*
_____ Applies only to program/degree listed above
_____ Applies to any program within the degree listed above
_____ Waiver of Requirement
_____ Waiver of Credit(s)
_____ For credit by exam, grade earned: _____

Signature: _____
Date: _____
Student Notified: _____
Sent to Registrar for action
Date: _____

*Conditions/Remarks: _____

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 800.521.7463/
320.629.5100

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A MEMBER OF THE
MINNESOTA STATE COLLEGES
AND UNIVERSITIES SYSTEM