

Registration Petition Instruction Sheet

Who Needs to Use This Form?

A student who wishes to request a late change in registration when an extenuating circumstance (defined below) has occurred.

Definitions:

Late Withdrawal: Permission to withdraw from a course after the withdraw deadline. A grade of "W" will be listed on your transcript. Withdrawals do not impact GPA, but may affect credit completion rate. You may be financially responsible for the course.

Late Add: Permission to add a course after the term has ended. Proof of payment for the course via a tuition receipt is required.

Late Drop: Permission to drop a course after the drop deadline. The course is removed from your class schedule and the course does not appear on your transcript. A drop is extremely rare, generally occurring if the course did not meet prior to the drop deadline or there was a documented institutional error.

Submission of Required Forms **MUST include the following:**

1. Signed and initialed instruction sheet (2 pages)
2. Signed and completed registration petition (1 Page)
3. Personal Statement (1 page)
4. If applicable: Medical/Psychological verification form (2 pages)
Tuition Refund appeal (1 page)

Submit all required forms (1-4 above) directly to the Office of Records and Registration, AS 118, St. Cloud State University, 720 4th Ave S, St. Cloud, MN 56301, or e-mail to registrar@stcloudstate.edu

Note: Incomplete submissions are denied. Retain copies of all documents submitted.

Timeline

Please allow 2-4 weeks for a decision from the date received. All communication, including the decision, will be sent to your SCSU email account. No information regarding a decision will be given by phone.

Guidelines and Expectations

Registration petitions will be considered in accordance with the guidelines and expectations listed below. If after reading the guidelines and expectations below you believe you qualify for an exception, please sign and date the instruction sheet and complete the registration petition. It is recommended that you discuss your registration petition with an Academic Advisor and Financial Aid prior to completing this form.

Initial each item after you have read it:

_____A. Extenuating Circumstances

Extenuating circumstances are factors beyond my control which significantly impact my ability to successfully complete my courses. These factors must have occurred after the deadline for making a registration change. I understand my petitions requires extenuating circumstances, which must be supported by appropriate documentation.

- **Medical**

Requires full and complete documentation. Documentation must include: a) the Medical Verification form, which addresses the date of injury or diagnosis, b) the medical condition and treatment, and c) a business card from your healthcare provider. Petitions due to medical circumstances are generally not considered without adequate

documentation, for medical conditions or diagnoses pre-dating the course(s), or for medical conditions not severe enough to require hospitalization. A hand-written note on a prescription pad is not acceptable.

- **Death**

Death of an immediate family member requires a death certificate and obituary. Verification of relationship must be indicated in obituary, otherwise additional documentation may be required.

- **Military**

Requires the call-up notice to active duty.

- **University Error**

Requires a copy of the university document believed to be in error or a written statement from a university employee acknowledging an error was made. This written statement can be sent by the university employee to registrar@stcloudstate.edu or attached to this form.

____ B. The following do NOT constitute extenuating circumstances: lack of funds, employment issues, change in marital status, childcare issues, transportation issues, lack of knowledge of university policy, failure on my part to meet deadlines, failure to complete financial aid processes, failure to confirm registration transactions, failure to follow prerequisites and placement results, enrolling in the same class twice, or failure to participate in class.

____ C. I understand that if I am an international student in F-1 or J-1 status, and the withdrawal from this course(s) will result in a less than full-time course load, I am required to meet with an advisor from the Center for International Studies to obtain permission to make these changes to ensure that a late change in registration will not affect my international student status. I understand full-time enrollment to be 12 credits for undergraduate students, 8 credits for graduate students, and 6 credits for doctoral students.

____ D. Most registration petitions are for all courses in a single term. A circumstance serious enough to warrant a petition is generally assumed to have affected performance in all courses. Therefore, partial petition requests require additional information. Students need to explain how their situation allowed them to complete some courses and not others. Academic difficulty or ease of a course is not considered a valid cause for a partial registration change. Forgetting to drop or withdraw from classes by deadline dates or not knowing deadlines are not acceptable reasons for a petition.

____ E. I understand that my registration petition must be submitted within one (1) year of the end of the term for which course(s) are being appealed. Any delay in submitting may result in denial.

____ F. I understand that approval of my registration petition is not guaranteed and the outcome is determined by the applicable Dean's Office.

____ G. I understand that an approved registration petition may require me to repay all or part of my financial aid. If you are a financial aid recipient, please check with Financial Aid (contact 320-308-2047 or go to the Administrative Services Building, Room 106) on the financial aid implications of an approved registration petition.

____ H. I understand that St. Cloud State University reports enrollment data to the National Student Clearinghouse. An approved petition may impact enrollment and could affect student loan deferment.

By initialing the statements above, and signing below, I understand and accept full responsibility for meeting the guidelines and expectations above. My submission is complete, accurate, and fully documented. I understand that if this submission is incomplete, is not based on extenuating circumstances, and/or does not include documentation and a personal statement, it will be denied. The personal statement and documentation I have provided is true and accurate to the best of my knowledge.

Student signature: _____ Date: _____

SUBMIT ALL DOCUMENTS TO:

OFFICE OF RECORDS AND REGISTRATION
ST. CLOUD STATE UNIVERSITY, AS 118
720 4TH AVENUE SOUTH
ST. CLOUD, MINNESOTA 56301-4498
PHONE: (320)308-2111 FAX: (320)308-2059
registrar@stcloudstate.edu

REGISTRATION PETITION

Student ID: _____
 Undergraduate Student Graduate Student

PRINT: First Name Middle Name Last Name (_____) Area Code Phone Number

Current Mailing Address: Street City State Zip
Email: _____@stcloudstate.edu Major(s) _____ Advisor _____

Personal Statement summarizing reason for appeal attached Yes

Reason for Appeal: Medical (attach Medical Verification Form) Death (provide death certificate **and** proof of relationship) Military (include official call of active duty orders) University Error (detail in personal statement **and** provide supporting documents) Other (detail in personal statement and provide supporting documents)

Incomplete appeals, appeals without extenuating circumstances, or appeals without documentation including a personal statement will not be considered.

Requested Action: Late Withdrawal Late Drop Add course after term (attach tuition receipt) Other

COURSE(S) AFFECTED (LIST INDIVIDUAL COURSES):

Course ID: ex 000243	Course Title	Dept. e.g. ENGL	Number 191	Sec 01	Credits 4	Term SPRING	Year 2015
<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral <input type="checkbox"/> Never Attended Last Date of Attendance _____		Instructor signature (print and sign) _____ Date _____					
<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral <input type="checkbox"/> Never Attended Last Date of Attendance _____		Instructor signature (print and sign) _____ Date _____					
<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral <input type="checkbox"/> Never Attended Last Date of Attendance _____		Instructor signature (print and sign) _____ Date _____					

International Students: Contact the Center for International Studies (LH 101) before submitting this form if the above listed will result in less than full-time course load. Full-time enrollment = 12 credits for undergraduate students, 8 credits for graduate students, and 6 credits for doctoral students.

CIS Advisor – Please review and sign: OK to proceed _____ Date _____

Using Federal GI Bill Education Benefits? Yes No

Student Signature _____ Date: _____

ANY EXISTING FINANCIAL HOLDS ON A STUDENT'S ACCOUNT MAY PREVENT PROCESSING OF THIS FORM

Final Decision and Summary

PRINT: First Name

Middle

Last

Student ID _____

Personal Statement Citing Extenuating Circumstances

Please write or attach typed statement describing the extenuating circumstances that occurred after the deadline that prevented you from meeting the registration deadline.

ST. CLOUD STATE UNIVERSITY

720 4th AVENUE SOUTH
ST. CLOUD, MINNESOTA 56301-4498

Student: If you cited medical or psychological issues as reasons for an academic appeal or other academic change, it is necessary to have your medical/psychological provider verify the extenuating circumstances that are cited in your request. It is not necessary to supply full medical records. The provider information on this form must be returned with your appeal or academic change request.

MEDICAL VERIFICATION FORM FOR ACADEMIC APPEALS AND REQUESTS FOR ACADEMIC CHANGE

SCSU ID#: _____

Email: _____@stcloudstate.edu

First Name _____

Middle Name _____

Last Name _____

COURSE(S) IMPACTED BY MEDICAL/PSYCHOLOGICAL CONDITION (Indicate academic year, semester or individual impacted courses):

Entire Semester: Term _____ Year _____

	ID: Ex 000243	Course Title	Dept Ex ENGL	Number 191	Sec 01	Credits 4	Term SPRING	Year 2014
1								
2								
3								
4								

Return to (student check department):

Academic Appeals & Probation
St. Cloud State University, CH210
720 4th Avenue South
St. Cloud, MN 56301-4498
Fax: (320) 308-5672
Email: aap@stcloudstate.edu

Business Services
St. Cloud State University, AS123
720 4th Avenue South
St. Cloud, MN 56301-4498
Email: businessservices@stcloudstate.edu

Office of Records and Registration
St. Cloud State University, AS118
720 4th Avenue South
St. Cloud, MN 56301-4498
Fax: (320) 308-2059
Email: registrar@stcloudstate.edu

Other: Office _____
St. Cloud State University, _____
720 4th Avenue South
St. Cloud, MN 56301-4498
Fax: (320) 308- _____
Email: _____@stcloudstate.edu

Please sign and date this form which acknowledges that you give permission to your medical/psychological provider to furnish the required information below.

Student Signature: _____

Date: _____

PROVIDER: The student named above is requesting documentation for extenuating circumstances that have impacted their academic performance. The nature of the request and the permission to release information are at the top of this form. Please respond on your letterhead or fill out form on opposite side and attach business card. Return to office address indicated by student. Thank you.

Student's First Name

Student's Middle Name

Student's Last Name

Provider Name: _____

Contact information: (Attach card or include letterhead) _____

Provider Signature: _____ Date: _____

This St. Cloud State University student is asking to withdraw from one or more classes or appeal an academic issue because of a medical/psychological condition for which you have treated them.

Please fill out the following portion of this form in its entirety to assist the student in the withdrawal process.

Medical/psychological condition (brief description-Submission of medical records not required):

Date of onset of condition: _____ Duration of condition: _____

Dates of visits for this condition: _____

- In your professional opinion would the above condition for which you have treated the student prevent a student from attending class sessions in a University setting? Yes ____ No ____
- Please identify the dates or duration for which attendance may be impacted: _____
- In your professional opinion would the above condition for which you have treated the student prevent completion of coursework in a University setting for the above time periods? Yes ____ No ____
- Please identify the dates or duration for which coursework may be impacted: _____
- In your professional opinion has treatment progressed to the point where resumption of coursework and attendance is a reasonable expectation for the student? Yes _____ No _____

Tuition Refund Appeal



SCSU ID _____ Phone (_____) _____

(PRINT) First Name _____ Middle Name _____ Last Name _____

Local Address: Street _____ City _____ State _____ Zip _____

Email: _____@_____ May we notify you via email? Yes No

Advisor's Name _____ Were you awarded financial aid for the term appealed? Yes No

FINANCIAL AID IMPLICATIONS: Financial Aid programs limit the allowable time to return Federal and State funds. Refund appeals **must be submitted within 45 days of the end of the term for which a refund appeal is submitted. Summer term appeals must be no later than September 25 of the next academic year.** Most students receiving Financial Aid will have all or a portion of any approved refund credited to their aid funding sources and may incur repayment obligations if any aid overage monies were received. If you are receiving financial aid, a tuition refund could reduce your grant, scholarship or loan. Please contact the Financial Aid Office if you have questions.

If you are still on record as being registered for the course (either with an assigned grade or in the current semester) you must withdraw or petition for a late drop/withdrawal prior to requesting a refund. **Why was the withdrawal/drop deadline missed?**

Term/Yr of Appeal _____ List each course for which a refund is being requested AND the last date attended.

	Dept Ex ENGL	Number 191	Last Date of Attendance
1			
2			
3			

	Dept Ex ENGL	Number 191	Last Date of Attendance
4			
5			
6			

Did you talk to the instructor(s) about receiving an "Incomplete" so that you could finish the course(s)? Yes No **If not, why?**

The committee requires written documentation of reasons. This may include an instructor or advisor statement; employer statement if the issue is work related; medical/psychological verification form if medical or counseling related; approved registration petition or appeal if one has been processed. **I believe my appeal should be granted because:**

Signature: _____ Date: _____

Submit completed form with required documentation to SCSU Business Services, AS 123, 720 Fourth Ave S, St. Cloud, MN 56301

Office Use Only: Committee Recommendation: Approved Denied Tabled

Signature of Committee Chairperson: _____ Date _____