

Exception to Policy Petition



Please read the instructions below to see where to turn in your petition.

Instructions to Complete an Exception to Policy Petition

Be sure to read the following instructions before completing the petition.

Incomplete petitions, petitions without extenuating circumstances, or requests without documentation will not be considered.

Option 1:

The First Two Weeks of the Semester: *submit petitions for Add Beyond Course Max Size or Time Conflict at the Records and Registration window on either the Cambridge or Coon Rapids campus.*

The Second Week of the Semester: *submit petitions for Add after the Deadline Date at the Records and Registration window on either the Cambridge or Coon Rapids campus*

- a) Complete the first 4 sections on the front of the petition (section 5 does not need to be completed).
- b) Petitions requesting to add to a course requires the written permission of the instructor. The instructor must sign the petition or you may provide an email from the instructor giving you permission to join the class late.
- c) Read and initial each of the Guidelines and Expectations on page 2 of the petition.
- d) Sign and date the petition.
- e) Processing of this form may change Pell Grant eligibility: Contact Financial Aid with questions.
- f) Students are limited to a total of 22 credits per semester at MnSCU institutions.
- g) The payment deadline has passed. Payment is due upon registration. Students should check with the Business office and/or Financial Aid office regarding payment after changes have been made to their registration.

Option 2:

After the First Two Weeks of the Semester: *submit petitions for Add, Add Beyond Course Max Size or Time Conflict to: The Cambridge Campus – Information Desk or the Coon Rapids Campus – C211, or fax to: 763-433-1321 or mail to: Anoka-Ramsey Community College, 11200 Mississippi Blvd. NE, Room C250, Coon Rapids, MN 55433.*

- a) Complete the first 4 sections on the front of the petition (section 5 does not need to be completed).
- b) Petitions requesting to add to a course requires the written permission of the instructor. The instructor must sign the petition or you may provide an email from the instructor giving you permission to join the class late.
- c) Read and initial each of the Guidelines and Expectations on page 2 of the petition.
- d) Sign and date the petition.
- e) Processing of this form may change Pell Grant eligibility: Contact Financial Aid with questions.
- f) Students are limited to a total of 22 credits per semester at MnSCU institutions.
- g) The payment deadline has passed. Payment is due upon registration. Students should check with the Business office and/or Financial Aid office regarding payment after changes have been made to their registration.

Option #3

Course Exchange: *submit petitions for Course Exchange to: The Cambridge Campus – Information Desk or the Coon Rapids Campus – C211, or fax to: 763-433-1321 or mail to: Anoka-Ramsey Community College, 11200 Mississippi Blvd. NE, Room C250, Coon Rapids, MN 55433.*

- a) Complete the first 4 sections on the front of the petition (section 5 does not need to be completed).
- b) Petitions requesting to add to a course requires the written permission of the instructor. The instructor must sign the petition or you may provide an email from the instructor giving you permission to join the class late.
- c) Read and initial each of the Guidelines and Expectations on page 2 of the petition.
- d) Sign and date the petition.
- e) Processing of this form may change Pell Grant eligibility, you may be required to complete a Financial Aid appeal: Contact Financial Aid with questions.
- f) Students are limited to a total of 22 credits per semester at MnSCU institutions.
- g) The payment deadline has passed. Payment is due upon registration. Students should check with the Business office and/or Financial Aid office regarding payment after changes have been made to their registration.

Allow approximately 14 days for the review process of your option #4 and #5 petition (conditions of the request may result in extending the review process)

Instructions to Complete an Exception to Policy Petition (continued)

Option #4

Withdraw Courses with Partial Tuition Refund : *submit petitions for a Withdraw with Partial Tuition Refund to: The Cambridge Campus – Information Desk or the Coon Rapids Campus – C211, or fax to: 763-433-1321 or mail to: Anoka-Ramsey Community College, 11200 Mississippi Blvd. NE, Room C250, Coon Rapids, MN 55433.*

- a) Complete all 5 sections on the front of the petition (*section 5 must be completed by a financial aid officer*).
- b) Petitions requesting to withdraw with a partial tuition refund must have documentation that supports your extenuating circumstances: i.e. a statement from a medical provider, an obituary, and/or call- up notice to active duty. Your petition will be denied if relevant documentation is not included.
 - 1) Withdrawn courses appear on a transcript as a “W” and have a direct impact on academic standing and financial aid status. Students who miss the withdraw deadline date due to extenuating circumstances may request a withdraw through an Exception to Policy petition.
- c) Read and initial each of the Guidelines and Expectations on page 2 of the petition.
- d) Sign and date the petition.

Option #5

Withdraw Courses after the deadline (without partial tuition refund): *submit petitions for a Withdraw after the Deadline to: The Cambridge Campus – Information Desk or the Coon Rapids Campus – C211, or fax to: 763-433-1321 or mail to: Anoka-Ramsey Community College, 11200 Mississippi Blvd. NE, Room C250, Coon Rapids, MN 55433.*

- a) Complete all 5 sections on the front of the petition (*section 5 must be completed by a financial aid officer*).
- b) Petitions requesting to withdraw after the deadline must have documentation that supports your extenuating circumstances: i.e. a statement from a medical provider, an obituary, and/or call- up notice to active duty. Your petition will be denied if relevant documentation is not included.
 - 1) Withdrawn courses appear on a transcript as a “W” and have a direct impact on academic standing and financial aid status. Students who miss the withdraw deadline date due to extenuating circumstances may request a withdraw through an Exception to Policy petition.
- c) Read and initial each of the Guidelines and Expectations on page 2 of the petition.
- d) Sign and date the petition.

Appeal Process

Appeal #1 – Allow sufficient time for a thorough review of a student’s extenuating circumstances.

Students whose petition is denied for a withdraw with partial tuition refund or a withdraw after the deadline request, have the option to appeal the results of their petition: *submit an appeal request for a Withdraw to: The Cambridge Campus – Information Desk or the Coon Rapids Campus – C211, or fax to: 763-433-1321 or mail to: Anoka-Ramsey Community College, 11200 Mississippi Blvd. NE, Room C250, Coon Rapids, MN 55433.*

- a) Submit a written request to appeal the results of your petition.
- b) Provide additional documentation supporting your extenuating circumstances.
- c) An appeal will be reviewed by a secondary party, students will receive the results of the appeal review at the email address provided on the original petition.

Final Appeal – Allow sufficient time for a thorough review of a student’s extenuating circumstances.

Student whose appeal is denied for a withdraw with partial tuition refund or a withdraw after the deadline have the option for a final appeal: *submit a final appeal request for a Withdraw to: The Cambridge Campus – Information Desk or the Coon Rapids Campus – C211, or fax to: 763-433-1321 or mail to: Anoka-Ramsey Community College, 11200 Mississippi Blvd. NE, Room C250, Coon Rapids, MN 55433.*

- a) Submit a written request for a final appeal of your denied appeal results.
- b) Provide additional documentation supporting your extenuating circumstances.
- c) A final appeal will be reviewed by: Final appeals are reviewed by the Vice President of Administration and Finance and the Vice President of Academics and Student Affairs.
- d) Students will receive the results of the final appeal at the email address provided on the original petition.

Exception to Policy Petition



Please read the instructions below to see where to turn in your petition.

- Coon Rapids Campus student Cambridge Campus student

The first two (2) weeks of a semester submit petitions to Add, Add Beyond Course Max Size, Time Conflict after the deadline to the Records and Registration office at either the Cambridge Campus or the Coon Rapids Campus.

After the first two (2) weeks of a semester submit petitions to Add, Add Beyond Course Max Size, Time Conflict, Course Exchange, Withdraw with Partial Tuition Refund, Withdraw after the Deadline or Other to: The Cambridge Campus Information Desk or the Coon Rapids – C211 or mail to: Anoka-Ramsey Community College, 11200 Mississippi Blvd. NW, 55433 or fax to: 763-433-1321

Section 1. Identifying information:

Student Name: _____ Student ID: _____
Last First Middle

Address: _____
Street City State Zip

Email: _____ Phone #: _____

Term and Year Requesting to Appeal: Fall, 20____ Spring, 20____ Summer, 20____

Section 2. Type of request:		
<input type="checkbox"/> Add (past the deadline)	<input type="checkbox"/> Withdraw with Partial Tuition Refund	<input type="checkbox"/> Time Conflict
<input type="checkbox"/> Add Beyond Course Max Size	<input type="checkbox"/> Withdraw after the Deadline/No Tuition Refund	<input type="checkbox"/> Other
<input type="checkbox"/> Course Exchange – may require a Financial Aid appeal.	Effective Date: _____	

Section 3. Course(s) being petitioned and requested action: (please note that inaccurate or incomplete course information could result in a delay of processing or possibly a denied petition)						
Course ID	Department	Number	Section	Credits	A, W, O	Faculty: Sign and date: – student is not at academic risk for late entry into the class only. Note to faculty: Overloading a class is subject to contract limits.
Ex: 000243	ENGL	1121	01	4	W	

Section 4. Type of extenuating circumstance:			
<input type="checkbox"/> Medical	<input type="checkbox"/> Call to Active Duty of Armed Forces	<input type="checkbox"/> College Error	<input type="checkbox"/> Other
<u>Provide explanation and attach supporting evidence (attach additional page/s if needed):</u>			

Section 5: Must be completed when requesting the following: Withdraw with Partial Tuition Refund, Withdraw after the Deadline or Other	
Sometimes an approved appeal results in your need to repay financial aid. The Financial Aid Office must complete the section below Before your appeal will be considered. Please note: Last date of attendance may have an impact on your Financial Aid, if the information below changes, you will be contacted by phone.	
<input type="checkbox"/> The student does not have financial aid during the semester in questions or no impact.	
<input type="checkbox"/> If the student's drop or withdrawal is approved, the student will lose (approximately)	\$ _____ in aid
Less Tuition/Fees (approximately)	\$ _____
Student Obligation (approximately)	\$ _____
_____ I, the Student, understand the Student Obligation as explained by Financial Aid and understand any approved withdraw with partial tuition refund indicates my forfeiture of financial aid eligibility for the term AND if my request is approved, I would like Anoka-Ramsey Community College to apply any tuition/fee refund directly to my current year Student Loan award.	
Financial Aid Officer Signature _____	Date _____

EXCEPTION TO POLICY PETITION GUIDELINES AND EXPECTATIONS

Requests will be considered in accordance with the guidelines and expectations listed below. Please **READ** and **INITIAL** each expectation below and sign the certification at the bottom to indicate your understanding of each expectation. If after reading the guidelines you believe you qualify, complete the request form. Allow approximately 14 business days for processing (conditions of the request may result in extended processing). Results of requests will be **EMAILED TO THE EMAIL ADDRESS PROVIDED ON THE FRONT OF THE PETITION.**

A student may request an exception to college policy when extenuating circumstances have occurred.

_____ **A.** I understand my request requires extenuating circumstances. By definition, extenuating circumstances mean circumstances beyond my control. Failure on my part to meet deadlines, complete financial aid processes, confirm registration transactions, or participate in class does not constitute extenuating circumstances.

_____ **B.** I understand that requests for course withdrawals and/or refunds based on the following circumstances will not be considered.

<i>Inability to pay</i> <i>Disregard of/lack of knowledge of College's drop, refund and withdrawal policies or deadlines</i> <i>Failed online drop/withdrawal attempts</i> <i>Dissatisfaction with the instructor, class or grade</i> <i>Change in marital status</i> <i>A condition pre-dating the term start date</i> <i>A recurring condition, when previously approved for prior term</i>	<i>Taking a new job</i> <i>Work schedule change (unless a condition of maintaining existing employment; documentation on employer letterhead required)</i> <i>Child care issues</i> <i>Transportation issues</i> <i>Disregard or lack of understanding of course prerequisites or placement requirements</i>
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_____ **C.** I understand that the request must be submitted as follows: requests pertaining to Fall semester must be submitted no later than the end of the next Spring semester, requests pertaining to Spring and Summer semesters must be submitted no later than the end of the next Fall semester. Any delay in submitting my request will result in the denial of my request.

_____ **D.** I understand that my extenuating circumstances must be supported by appropriate documentation. For instance:
 A request due to medical circumstances requires full and complete documentation typed on letterhead from the attending physician. A handwritten note on a prescription pad is not acceptable. Documentation must include; a) the date of injury or diagnosis, and b) the medical condition and treatment. Requests due to medical circumstances are generally considered if treatment for the medical condition requires extensive (two weeks or more) hospitalization, convalescent care or other treatment, which prohibits return to class. Requests due to medical circumstances are generally not considered for requests without adequate documentation, for medical conditions or diagnosis pre-dating the course, for medical conditions not severe enough to require extensive hospitalization or care, or for requests made for prior/past terms.
 A request due to military call-up requires documentation in the form of the call-up notice to active duty.
 A request due to college error requires a copy of the college document believed to be in error or a written statement from a college staff member acknowledging a college error was made.

_____ **E.** I understand all sections (1-5) of my request must be filled out accurately, legibly (this includes the section that requires the statement of impact of my request on financial aid and the signature of a Financial Aid Office representative, whether or not I am receiving financial aid) and I understand that I must sign and date the Request Due to Extenuating Circumstances form.

_____ **F.** I understand that any petition to add a course requires the signature of the instructor.

_____ **G.** I understand that any petition to add a course requires that I make satisfactory payment arrangements. Satisfactory payment arrangements consist of payment in full, payment plan, third party authorization, PSEO enrollment, certified veteran eligible for educational benefits, or awarded a Federal or State grant or applied for a student loan.

_____ **I.** I understand that the processing of this petition to add late to a course may change Pell Grant eligibility and I should contact financial aid with questions.

_____ **H.** I understand that any petition to add a course requires that I authorize the Financial Aid Office to apply my awarded financial aid to my outstanding tuition payment plan and if applicable assessed late fees before aid is disbursed to me.

_____ **I.** I understand and accept full academic and financial responsibility for meeting the expectations as outlined above. My request is complete, accurate and fully documented.

_____ **J.** I understand that withdrawing from a course will affect my completion rate and may affect my Satisfactory Academic Progress.

Student Signature _____

Date _____

Incomplete requests, requests without extenuating circumstances, or requests without documentation will not be considered.



300 Spirit River Dr. S. 11200 Mississippi Blvd. NE
Cambridge, MN 55008 Coon Rapids, MN 55433

Students: if you have cited medical or mental health issues as reason for a petition or appeal, it is necessary to provide a statement from your medical/mental health provider supporting your extenuating circumstances. It is not necessary to supply medical records.

Medical Providers: please submit this completed form directly to: Fax #: 763-433-1321

MEDICAL VERIFICATION FORM

Student Name _____		
Last	First	Middle
Address _____		
City _____	State _____	Zip _____
Phone # _____	Email _____	

Provider: The student above is requesting supporting documentation for extenuating circumstances that have impacted their academic performance.

Medical/psychological condition (please provide a brief description) (Medical records are not required.)

Dates seen by the provider: _____

- In your professional opinion would the condition for which you have treated the patient prevent a student from attending classes in a College setting? Yes No
- In your professional opinion would the condition for which you have treated the patient prevented the completion of coursework in a College setting? Yes No
- In your professional opinion has treatment progressed to the point where the resumption of coursework and attendance is a reasonable expectation for the student? Yes No

Provider Name: _____

Contact Information: _____

I verify that the above information is true and correct:

Provider Signature: _____ Date: _____