



# Petition Appeal

TO BE USED FOR RECONSIDERATION OF A PREVIOUSLY DENIED PETITION

## Petition Policy 5.12 and Procedure 5.12.21

Students seeking an exception to certain policies or procedures may submit a completed Petition form for consideration. Petitions should be filed in the semester of occurrence, but typically be no later than one year following. Documentation of extenuating circumstances must be submitted for review past the one year deadline.

Students will be notified of the decision via their LSC student email account within ten (10) working days of receipt of their requests. Students have the right to file an appeal to the designated administrator if their Petition is denied. Appeal decisions must be filed within ten (10) working days from the receipt of the Petition decision. Appeal decisions will be communicated within ten (10) working days and shall be considered final and binding.

- In order for your appeal to be considered, additional supporting evidence and/or documentation not provided in your original Petition must be included.
- Professional, medical or mental health documentation must be on the LSC Medical Provider Statement for Student Petition/Appeal form (Attachment A) or professional letterhead indicating specific dates of treatment. Medical documentation must be faxed directly from the medical professional to Lake Superior College at 218-733-5945. Documentation submitted by students will not be accepted.
- It is recommended that you seek assistance from a Professional Advisor in completing this form.
- If you have not received notification within ten working days, contact Student Services: 218-733-7601.

**Submit completed Petition Appeal form to Student Services (or fax to 218.733.5945)**

### Section A. Please print clearly

Full Name \_\_\_\_\_ Student ID# \_\_\_\_\_

LSC e-mail address \_\_\_\_\_ (current students)

Personal e-mail address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Semester and year to which Petition applies \_\_\_\_\_  
(Example: Fall 2017)

### Section B. I respectfully appeal the following:

- ☐ 1) **Waive Charges** \_\_\_\_ (all) or \_\_\_\_\_ (list course/s) **Decision Maker**  
1) VP of Administration
- Waivers are determined on an individual case-by-case basis including payment/financial aid/refund circumstances. Individual results will vary. Waiver of charges will typically be the lesser of the amount owed or tuition/fee charges. Even with an approved waiver there may still be a balance due on the student account.*
- ☐ 2) **Withdrawal After Deadline** 2) VP of Academic & Student Affairs  
\_\_\_\_ (all) or \_\_\_\_\_ (list course/s)
- There may be financial aid consequences if a petition to withdraw is approved depending on the financial aid the student received. Withdrawal after deadline does not include the removal of any charges.*



## Section B (continued)

- ☐ 3) **Drop Course & Late Add** in Same Term and Same Number of Credits 3) VP of Academic & Student Affairs  
(with/without financial aid eligibility—see #6)

Drop Course (ex. ENGL 1106-01) \_\_\_\_\_ Six digit course ID \_\_\_\_\_

Add Course (ex. ENGL 1106-01) \_\_\_\_\_ Six digit course ID \_\_\_\_\_

*LSC course instructor recommendation/signature **is required** in Section D for the add.*

- ☐ 4) **Switch Sections of Same Course in Same Term** 4) VP of Academic & Student Affairs  
(with/without financial aid eligibility—see #6)

Drop Course (ex. ENGL 1106-01) \_\_\_\_\_ Six digit course ID \_\_\_\_\_

Add Course (ex. ENGL 1106-01) \_\_\_\_\_ Six digit course ID \_\_\_\_\_

*LSC course instructor recommendation/signature **is required** in Section D for the add.*

- ☐ 5) **Late Add** 5) VP of Academic & Student Affairs  
(with/without financial aid eligibility—see #6)

Course (ex. ENGL 1106-01) \_\_\_\_\_ Six digit course ID \_\_\_\_\_

*Instructor signature/recommendation **is required** in Section D if the course has already started.*

*Payment for late added course is due immediately.*

- ☐ 6) **Financial Aid Eligibility for Late Add** 6) VP of Administration

Course (ex. ENGL 1106-01) \_\_\_\_\_ Six digit course ID \_\_\_\_\_

\*\*\* ***If Financial Aid is denied do you still wish to add this class?\*\*\**** YES \_\_\_\_\_ NO \_\_\_\_\_

- ☐ 7) **Reinstatement following FN** (if not approved by instructor) 7) VP of Academic & Student Affairs

*Instructor rationale for not approving **is required** in Section D.*

- ☐ 8) **Waive Program Requirements** 8) VP of Academic & Student Affairs

*Student must obtain program director/advisor recommendation and signature. Attach any pertinent documents to support request.*

- ☐ 9) **Credit Overload** (over 18 per semester) 9) VP of Academic & Student Affairs

Course (ex. ENGL 1106-01) \_\_\_\_\_ Six digit course ID \_\_\_\_\_

***Student must indicate which class they want to add that results in overload (example: ENGL 1106-01)***

- ☐ 10) **Change FN to W** 10) VP of Academic & Student Affairs

*Professional, medical or mental health documentation of extenuating circumstances, funeral notice or obituary, military orders, etc. required (see page 4).*

- ☐ 11) **Other** \_\_\_\_\_ 11) Varies Depending on Request  
VP of Administration or  
VP of Academic & Student Affairs



## Section C

State your request and rationale clearly and concisely. Attach additional sheets if necessary. Professional documentation is required for certain types of requests to provide evidence of extenuating circumstances (e.g. death in immediate family, medical, legal, military, etc.). **A personal statement alone is not adequate documentation. Identify information or documentation not provided in original petition.**

**If sufficient information is not provided, your appeal will not be considered.**

---

---

---

---

I have requested a medical professional to submit documentation directly to LSC. \_\_\_\_\_ Yes \_\_\_\_\_ No

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section D

Date \_\_\_\_\_

LSC Faculty/Staff comments and recommendation (Required for categories 3, 4, 5, and 7)

---

---

---

---

Name \_\_\_\_\_ Signature \_\_\_\_\_

## OFFICE USE ONLY-Decision Maker Signature and Comments

### Section E

Action: Granted in full \_\_\_\_\_ Granted in part \_\_\_\_\_ Denied \_\_\_\_\_ No action \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

This form can be provided in alternative formats upon request by contacting the Disabilities Coordinator in S1962 or by calling (218) 733-7650 or TTY (218) 733-7705.

10/2017





## Medical Provider Statement for Student Petition/Appeal

The student named below has requested special consideration of his/her academic or financial status with Lake Superior College due to medical reasons. **The medical conditions need to be serious enough to necessitate a significant absence from classes, and/or or the inability to complete course work.**

This form is to be completed by a physician or medical professional and **faxed directly** to **218-733-5945**, Lake Superior College Student Services Center, Attn: Student Services. Hand-carried forms will not be accepted.

**Student's Name:** \_\_\_\_\_ **Student's Date of Birth:** \_\_\_\_\_

1. Dates of a medical condition/flare up or on-going medical condition that prevented the student from attending/participating in courses at LSC: From \_\_\_\_\_ to \_\_\_\_\_  
Additional information:
  
2. The medical condition was severe enough to affect the student's attendance for a significant period of time and/or ability to be academically successful.  
Yes or No (please circle one)
  
3. The condition is now controlled enough for the student to succeed in classes.  
Yes or No (please circle one)
  
4. Additional information regarding the medical condition/flare up:

Medical Professional's Printed Name: \_\_\_\_\_

Name of Medical Center or Practice: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_