



Petition to Policy

Petition to policy decisions are made on a case-by-case basis in accordance with Policy 5.12 and Procedure 5.12.21 based on documents provided.

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. Appeal decisions are final and binding.

- Assistance from a Professional Advisor is recommended in completing this form.
- Professional documentation may be required.
- If you have not received notification within ten working days, contact Student Services: 218-733-7601. *Submit the completed petition form by Tuesday before 4 p.m. to be considered the next day (Wednesday) when the Petition Committee is the decision maker. Send to Lake Superior College Student Services, 2101 Trinity Road, Duluth, MN 55811; fax to 218.733.5945; or email to registrar@lsc.edu*

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)

- Fill out sections A, B, and C completely, and then have faculty or staff fill out section D if required (see request type **3, 4, 5, and 6** below). *Be sure to sign and date your petition.*
- All requests should include student's LSC transcript and Degree Audit Report (DARS), which should be printed and attached to the petition form. They can be found in student's e-services account under "grades and transcripts."
- Provide additional supporting documentation of your extenuating circumstances and attach to your petition for required request types (See page 4 for more information).
 - 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.
 - Funeral notices or obituary must show family relationship or be provided with other documents.

Please check your LSC e-mail account for the decision within 10 business days.

Processing of approved petitions related to tuition/fee charges may take up to 10 business days before the adjustments are posted on your student account.

Other Petitions and Appeals

- Course Substitutions – use the separate "Course Substitution Petition Request" form
- Financial Aid Past 150% - use the separate "Financial Aid Suspension Appeal" form
- Grade (A-F) Appeals – see policy 3.17.5 for procedure
- Reinstatement following FN – Instructor approves and submits email to Records Office

Section B. I respectfully petition the following:

Decision Maker

- 1) **Waive Charges** ___(all) or _____(list course/s) 1) Petition Committee

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

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. The MSCSA fee and bookstore charges cannot be waived.

Even with an approved waiver there may still be a balance due on the student account.

- 2) **Withdrawal After Deadline** ___(all) or _____(list course/s) 2) Petition Committee

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.

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

- 3) **Drop Course & Late Add** in Same Term and Same Number of Credits 3) Petition Committee

(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) Academic Dean

(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) Academic Dean

(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) Director of Financial Aid

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

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

Documents related to the delay in registering for the course, or rationale for switching sections.

- 7) **Reinstatement following FN** (if not approved by instructor) 7) Academic Dean

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

- 8) **Waive Program Requirements** 8) Academic Dean

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

Section B (continued)

- 9) **Credit Overload** (over 18 per semester) 9) Associate Dean of Student Affairs
Course (ex. ENGL 1106-01) _____ Six digit course ID _____

*LSC or other college/university transcript showing student's ability to perform well academically at more than 18 credits; professional advisor recommendation if transcript not available.
Student must indicate which class they want to add that results in overload (example: ENGL 1106-01)*

- 10) **Change FN to W** 10) Dean and Petition Committee

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

- 11) **Other** _____ 11) Petition Committee

Attach any pertinent documents to support request.

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.)—see page 4. ***A personal statement alone is not adequate documentation.***

If sufficient information is not provided, your petition 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 6)

Name _____ Signature _____

Professional Documentation Examples

- Chronic ongoing medical condition or illness that prevented attendance for two or more weeks or for a length of time curtailing ability to successfully complete a shorter term class. Medical documentation must be faxed directly from the medical provider to Lake Superior College at 218-733-5945. Documentation submitted by students will not be accepted.
 - **Medical Provider Statement for Student Petition/Appeal** form is the preferred documentation (see Attachment A).
 - Physician or other medical professional letter on original letterhead
 - Official medical records indicating specific dates of treatment
 - Accident report, etc.
- Military activation.
 - Military orders with dates coinciding with enrollment.
- Death of parent, spouse, child or dependent adult. Significant other with documentation of relationship.
 - Funeral notices or obituary must show family relationship or be provided with other documentation.
 - Death certificate copy attached, etc.
- Legal circumstances beyond your control. This does NOT include incarceration.
 - Police report
 - Order of Protection, etc.

The College reserves the right to require such additional information as deemed needed to make an informed decision.

OFFICE USE ONLY-Decision Maker Signature and Comments

Section E

Action: **Granted in full** _____ **Granted in part** _____ **Denied** _____ **No action** _____ **Date** _____

Comments: _____

Dean of Student Affairs
Dean of Allied Health & Nursing
Dean of Business & Industry
Dean of Liberal Arts & Science
Advising Representative
Director of Business Services or designee
Director of Financial Aid
Director of Intercultural Center
Other

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.



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: _____