

Academic/Financial Petition

Who needs to use this form?

A student requesting an exception to a policy, curriculum, or published deadline when an extenuating circumstance (defined below*) has occurred.

To complete this form electronically, save a copy to your desktop and open with Adobe Reader.

Important Notes

Petitions received without required documentation will be denied. Retain copies of all documents submitted for your records (originals will not be returned to you).

Petitions must include:

- Completed form (both sides)
- Personal statement (typed)
- Supporting documentation

How to Submit

In person:
Enrollment Center
Sverdrup Hall 101

By mail:

Augsburg University
Registrar's Office, CB 71
2211 Riverside Avenue
Minneapolis, MN 55454

By email or fax:

registrar@augsborg.edu
Fax: 612-330-1425

Allow 2-4 weeks for a decision from the date received.

All communication, including decisions, will be sent to your Augsburg email account.

Guidelines and Expectations

Read and initial the items below, sign and date the bottom, and complete page 2.

- _____ A. I understand my petition requires *extenuating circumstances. (Explain in attached personal statement).
***Extenuating Circumstances**
Circumstances beyond my control which significantly impact my ability to successfully complete my course(s), meet deadlines, etc.
- _____ B. I understand that an approved petition may require me to repay all or part of my financial aid. I understand that it is my responsibility to consult Student Financial Services about the financial aid implications of my request.
- _____ C. I understand that my petition must be supported by appropriate documentation. For instance:
Medical
Requires full and complete documentation from the health care provider. This should be typed on letterhead from the provider's office. A hand-written 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. 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 extensive hospitalization or care.
Death
Death of an immediate family member requires a death certificate or an obituary. Verification of relationship must be indicated in the obituary, otherwise additional documentation may be required.
Military
Requires the call-up notice to active duty.
University Error
Requires a copy of the 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@augsborg.edu.
- _____ D. I understand that my petition must be submitted within six (6) months of the deadline being petitioned. Any delay in submission may result in a denial.
- _____ E. I understand that approval of my petition is not guaranteed. I will not delay, for example, withdrawing from a course while awaiting results of a petition to drop.
- _____ F. I understand that Augsburg University reports enrollment data to the National Student Clearinghouse. An approved petition will result in new enrollment information being sent. This could affect student loan deferment.
- _____ G. Adult Undergraduate, Rochester, and Graduate Students are eligible for a medical refund for either full, or partial withdrawals. Day program students, however, are only eligible for a medical refund when withdrawing from **all** courses in a semester.

I understand and accept full responsibility for meeting the guidelines and expectations above. My petition is complete, true, accurate and fully documented. I understand that if this petition is incomplete, is not based on extenuating circumstances, does not include documentation and a personal statement, it will be denied. If I have requested a late add I accept all financial and academic obligations incurred as a result of the transaction.

Student signature (required): _____ **Date:** _____
Sign in ink, or draw your signature with a mouse or touchscreen device. Typed digital signatures are not accepted. MM / DD / YYYY

If you believe you qualify for an exception, complete page 2 of this form.

Academic/Financial Petition

All sections (1-5) must be completed in full, legibly, and accurately. Personal statement (typed) is required.

Section 1: Student Information

Student Name: _____
Last First Middle

Augsburg student ID: _____ Phone (with area code): _____

Augsburg e-mail address (required): _____

Other e-mail address (for former students only): _____

Section 2: Petition Type

- | | | |
|---|---|--|
| <input type="checkbox"/> Late Drop / Full Tuition Refund
<small>(course will not appear on transcript)</small> | <input type="checkbox"/> Medical Withdrawal / 50% Tuition Refund
<small>(please refer to Item G on Page 1)</small> | <input type="checkbox"/> Other
<small>(explain in personal statement)</small> |
| <input type="checkbox"/> Late Add | <input type="checkbox"/> Other Withdrawal / No Tuition Refund
<small>(course will appear on transcript with a "W" grade)</small> | |
| <input type="checkbox"/> Grading Option Change | <input type="checkbox"/> Curriculum Exception
<small>(Explain in personal statement)</small> | |

Section 3: Type of Extenuating Circumstance

- College Error Death Medical Military Other (explain in typed personal statement)

Section 4: Course Information

Semester/Year (ex. Fall 2018)	Course (ex. MAT105)	Credits (ex. 0-4)	Title (ex. Applied Algebra)	Request
				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Withdraw <input type="checkbox"/> Other
				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Withdraw <input type="checkbox"/> Other
				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Withdraw <input type="checkbox"/> Other
				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Withdraw <input type="checkbox"/> Other
				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Withdraw <input type="checkbox"/> Other

Section 5: Required Signatures

Required for late adds, withdrawals (non-medical) and grading option changes:

Instructor Name: _____ Signature: _____ Date: _____
MM / DD / YYYY

Required for all other petition types:

Faculty/Staff Advisor Name: _____ Signature: _____ Date: _____
Sign in ink, or draw your signature with a mouse or touchscreen device. Typed digital signatures are not accepted. MM / DD / YYYY

Statement (attach separate sheet if needed): _____

Decision (Office Use Only)

Review date: _____ Result: Approved* Denied Denied-incomplete

*Approved action: Drop/Full Tuition Refund Withdrawal/No Tuition Refund Medical Withdrawal/50% Tuition Refund

Comments: _____

Authorized Signature: _____ Date: _____

Received: _____ Notification: Decision More information Forwarded for Further Review: _____ (initials) Date: _____