COLLEGE IN THE HIGH SCHOOL
PETITION FOR AN EXCEPTION TO AN ADMINISTRATIVE POLICY

Office of the Registrar
University of Minnesota Crookston

This petition is used by the student and the CIHS Facilitator to request an exception to University of Minnesota Crookston campus policies. Contact the UMC Liberal Arts & Education Department before submitting this petition to discuss the ramifications of this request and to explore other options such as requesting an Incomplete grade. Petitions are usually acted upon within one week, but processing delays may occur due to the availability of faculty and staff. DO NOT ASSUME APPROVAL OF YOUR REQUEST UNTIL YOU ARE NOTIFIED BY E-MAIL.

Please complete all information requested fully and completely. A decision on this matter may alter the student's official UMC academic record. Review can't take place if the request is unclear, information is incomplete, or appropriate documentation is not included.

PLEASE INCLUDE A CURRENT HIGH SCHOOL TRANSCRIPT.

Student Name (last, first, middle)	**UMC Student ID # or Last 4-digits of SSN**	
Student Mailing Address (street, city, state, zip code)	**Student E-mail Address**	**Student phone #**
Name & Title of CIHS Facilitator and High School Name	**Facilitator E-mail Address**	**Facilitator phone #**

The high school "facilitator" will be notified of the decision by e-mail. The facilitator will notify the high school student.

I. Reason for Request..

- ☐ CANCEL under terms of UMC's *"one-time"* drop policy
- ☐ CANCEL-Didn't meet CIHS eligibility of 3.00 high school GPA
- ☐ CANCEL-Didn't meet CIHS eligibility of Junior standing
- ☐ CANCEL-Didn't meet CIHS eligibility of 2.00 UMC GPA
- ☐ High school registration error
- ☐ UMC registration error
- ☐ Student registration error
- ☐ Student canceled HS course but not UMC course
- ☐ Credit overload due to year-long courses
- ☐ *OTHER.* State clearly your specific request. Attach a separate sheet if more space is needed:

II. *Explain the circumstances that led to this appeal and why the University should approve your request. Attach a separate sheet if more space is needed.*

III. Course Add/Cancel. *Complete this section **ONLY** if your request involves adding or canceling a class*

Year:	**Term:**

Action Requested		Subject	Course Number	Section	Class No.	Credits	Grade Option
[X] Add	*[ ] Cancel*	**Example.** *Comp*	*1011*	*2*	*53055*	*3*	*A-F*
☐ *Add*	☐ *Cancel*						
☐ *Add*	☐ *Cancel*						
☐ *Add*	☐ *Cancel*						

[ ] YES [ ] NO I certify that the information provided is true. I understand that misrepresentation of facts in connection with this form, whenever discovered, may be sufficient cause, in and of itself, for rescission of any related decision and the initiation of a disciplinary complaint.

STUDENT SIGNATURE	**Date**
CIHS FACILITATOR SIGNATURE	**Date**

SUBMIT TO:

Office of the Registrar, University of Minnesota, Crookston, 9 Hill Hall, 2900 University Ave., Crookston, MN 56716-5001
Fax: 218-281-8549 Email: umcreg@umn.edu *(4/28/17)*

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UMC OTR ACTION:

CIHS MEDICAL SUPPLEMENT

If petition is medical in nature.

INSTRUCTIONS FOR PHYSICIAN: This form is to be used to help the student with documentation for an exception to the University of Minnesota's policy. When completing this form, you will be asked to rate conditions on a scale of mild, moderate, or severe. Please use these ratings to indicate the usual state of severity of the conditions during the illness period. *Mild* is intended to indicate impairment in functioning greater than would be expected for a college/university student, leading to some impairment in studying and /or missing of classes. *Moderate* indicates further impairment in functioning that is not excessive or extreme. *Severe* indicates extreme difficulty in functioning and complete inability to attend class or study. If additional space is needed, attach a separate letter on letterhead providing further information.

student name: last	first	middle	student ID

To be completed by physician/medical professional

1. Patient was seen for medical condition on (list all dates):

2. State your diagnosis:

3. Length of treatment:

4. Was the student physically/emotionally incapable of attending classes during the term of the illness?
[ ] Yes [ ] No

5. Rate the severity of how the illness impacted the student's daily functioning during the term of the illness:
[ ] Mild (less than 2 weeks) [ ] Moderate (2-6 weeks) [ ] Severe (more than 6 weeks)

6. List specific symptoms and how they prevented the student from attending class(es):

7. Extent of the illness or injury as it relates to the student's ability to participate in class:

❑ Hospitalization (including day hospitalization) required (from _____ to _____

❑ Confined to bed (from _____ to _____)

8. If this condition is a continuation of a prior condition, did the student suffer a relapse, have complications, or require a change in medication that affected her/his ability to attend classes: If yes, explain and give the date this was diagnosed:

9. Rate how the student's illness affected the following daily functions:

Ability to concentrate:	[ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable
Ability to sleep:	[ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable
Ability to attend class or study:	[ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable
Energy level:	[ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable
Other _____:	[ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable

10. Did you recommend ongoing treatment/therapy? [ ] Yes [ ] No	If yes, how often is/was the required treatment: [ ] Daily [ ] Weekly [ ] Monthly [ ] Other _____

11. On what date do you believe the student can/could have resumed normal daily activities, including attending class(es)?:

12. Other comments pertinent to the student's circumstances:

By signing this form, you are certifying that the information you provided is true to the best of your knowledge.

Physician's Name/title	Date
Physician's Signature	Phone number
Name and Address of Agency or Medical Provider (*e.g., Altru Health, Crookston, MN*)	

Signature of student authorizing release of medical information.

Student signature	Date: