Rochester Community and Technical College

ACADEMIC PETITION

I. Student Information

Name_____ Stinger ID or SSN_____
First Last

Address_____
Street City State Zip Phone

Major_____ AA AS AAS DIPL CERT
(You **must** provide **complete** name of major. Ex: Medical Secretary – Legal Option) (Circle One)

Expected Date of Graduation_____ **Incomplete petitions will be returned to student for completion.**

II. State your petition and reason for request below; attach additional sheets as needed:

_____

_____

_____

_____

_____

_____

_____

_____

_____

III. Student Signature_____ **Date**_____

IV. It is mandatory for the student to obtain a Faculty Advisor/Coordinator recommendation before submitting this form to the Admission and Records Office. Sections I – IV must be completed or this form will be returned to the student with no action taken.

Faculty Advisor/Coordinator Recommendation

☐ Approve/Support ☐ Disapprove Print Name_____Date_____

Signature_____

Rationale:_____

_____

_____

_____

_____

Academic Standards Committee Action

___Approve ___Deny Signature_____ Date_____