

PSEO Student Petition



A member of Minnesota State

Students may request an exception to college policy or procedure when extenuating circumstances have occurred. When completing this form, state your request, describe the specific incident or hardship, and attach any supporting documentation.

Return the completed form to the PSEO Advisor no later than the second Thursday following the end of the semester by noon.

Instructions on Completing the *PSEO Student Petition* Form:

1.) Indicate what you are petitioning:

- ☐ An exception to the PSEO Academic Warning Policy to continue as a PSEO student on academic warning) [PSEO Policy](#)

REQUIRED:

- A written statement from you explaining the circumstances that led to your academic warning status
- A letter from your High School Counselor with details of your situation
- Any additional supporting documentation (e.g. medical documentation, obituaries, or letters of recommendations from teachers)

- ☐ A final course grade [Assigning and Changing Grades Policy](#)

A student may petition a final course grade on grounds such as:

- the methods or criteria for evaluating academic performance as stated in the course syllabus were not adhered to in determining grades; or
- the instructor applied grading criteria unfairly; or
- the instructor erred in calculating the grade or recording the grade.

REQUIRED:

- A written statement from you detailing the course and grade you are petitioning, including what grade you are seeking, and what grounds are the basis for your petition.
- Course syllabus
- Any additional supporting documents (e.g. communication with faculty, commented work, D2L screen shots)

- 2.) Return this form along with any documentation to the PSEO Advisor. This form can be mailed, e-mailed, submitted in person. The contact information is as follows:

St. Cloud Technical & Community College
Attn: PSEO Advisor
1540 Northway Drive
St. Cloud, MN 56303
320-308-6022 (phone) PSEO@sctcc.edu (e-mail)

- 3.) Petitions will be reviewed in they order they are received. An update will be e-mailed to you within 10 business days of receipt of the petition.

Name: _____

Student ID _____

Street Address: _____

Program/Major of Request: _____

City, State, Zip: _____

Telephone: _____

(circle one) Fall or Spring Semester:

Email: _____

Year: _____

Courses: _____

Student signature: _____ **Date:** _____

~Turn This Over~

Student Petition

SCTCC employee comments and signature

Explain what was done and how the student was contacted (internal use only)

OFFICE USE ONLY

Administrator action:

☐ Denied.

☐ Approved.

☐ This petition cannot be approved at this time because the student must include the following documentation:

Additional administrator comments:

Administrator name: *(print)* _____

Administrator signature: _____ Date: _____

Logged by: _____ Date: _____