INSTRUCTIONS:
Along with this appeal form, a TYPED letter must include the following information:

PART 1) The first line should clearly state your request. If your appeal is to withdraw retroactively from courses, be sure to list the semester, course title, and instructor(s).

PART 2) Provide a clear and concise explanation of the events, which were beyond your control that led to the need for this appeal. Please limit your explanation to a paragraph or two.

PART 3) Include supporting documentation, such as, medical documentation, academic advisors and/or employers memos or letters that support your appeal.

SECTION I:

SECTION II:

Select One:

- WITHDRAWAL: If you are requesting a late withdraw, you must explain clearly why you missed the withdraw deadline. Except in serious extenuating circumstances, if you have completed the course, or earned a passing grade, your appeal will be denied. Decisions regarding tuition and/or fee refunds are not determined by this committee. (Appeals to retroactively withdraw cannot be accepted if five years have passed since the course in question was taken)

- RESIDENCE REQUIREMENTS; 8 of the last 12 credit appeals, must include the list of courses taken at other institutions. All other residency appeals must clearly explain the residency rule which you are appealing.

- OTHER (specify): __________________________________________________________

IF YOUR APPEAL IS BECAUSE OF MEDICAL ISSUES (PHYSICAL OR MENTAL), YOU MUST ATTACH A NOTE FROM YOUR MEDICAL SERVICE PROVIDER. WITHOUT DOCUMENTATION, YOUR APPEAL WILL BE DENIED. If you have concerns about providing the documentation to a committee, please speak to Heather Soleim (heather.soleim@mnstate.edu, Owens Hall 104, or 218-477-4060) about providing it confidentially.

SECTION III:

YOU WILL BE NOTIFIED IF A DECISION CANNOT BE RENDERED DUE TO MISSING/INCOMPLETE DOCUMENTATION OR IF FURTHER EXPLANATION IS REQUIRED. YOU WILL BE CONTACTED THROUGH THE INFORMATION YOU PROVIDED AT THE TOP OF THIS DOCUMENT.

Committee Recommendation:  

- Approval  
- Denial (insufficient justification for exception)  
- Tabled

Signature of Committee Chairperson: __________________________________________ Date: ____________________

Name ____________________________________________  Anticipated Graduation Semester ____________________

Email ____________________________________________  Anticipated Graduation Semester ____________________

(students’ signature and date)

IF A DECISION IS DENIED, THIS FORM WILL BE THE PROOF OF YOUR APPEAL.