BEMIDJI STATE UNIVERSITY

Records & Registration Office

Deputy Hall, Room 101, #12 1500 Birchmont Dr. Bemidji, MN 56601 218/755-2020 Fax: 218/755-4409 records@bemidjistate.edu

REFUND/DROP/ WITHDRAWAL PETITION

Name:	Student ID:
Email Address:	Phone Number:
Step 1: Complete the following boxes to identify your petition type and your course information:	
Do you receive financial aid? Yes No Do you receive Veteran Benefits? Yes No	
 I am petitioning for: Semester: Late Course Drop with Tuition & Fee Reversal/Refund Late Course Withdrawal(Instructor permission required) Course Exchange (skip Step 2, provide instructor's support for course being added) 	Indicate below the course(s) for which you are petitioning: □ All Courses in Term □ Only the course(s) listed below:
□ Other:	
Step 2: Identify the reason for your petition.	
 Check ALL that apply; attaching appropriate supporting documentation will strengthen your request; examples of types of documentation are included below. Extended illness of student. (e.g. health provider's statement written on official letterhead) Illness or death of immediate family member. (e.g. obituary or funeral information) Other 	
Step 3 : By signing below I certify that my petition is truthful and complete. I understand the potential academic and financial implications of submitting this petition.	
Student Signature:	Date:
Step 4: Instructor Signature (if applicable)	

PETITION RESULTS WILL BE E MAILED TO THE E MAIL ADDRESS PROVIDED ABOVE.

- □ Approved for
 □ Late drop with refund/reversal of charges
 □ Late withdrawal

 □ Denied
 □ Circumstances are not an approved basis for petition
- □ **No Decision** □ Additional information needed. See Comments below.

Date: