

Records Office

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

Petition Form

Student Name: _____ **Date:** _____

Street 1: _____ **Student ID #:** _____

Street 2: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Do you receive Veteran's Benefits? Yes No

Do you receive Financial Aid? Yes No

Please check the appropriate box and provide additional information in the space provided and/or attach additional documentation. A copy of this form will be mailed back to you once the Student Program and Admission Committee (SPA) has acted on your petition.

- | <input type="checkbox"/> Drop a class | Course ID | Dept | Course # | GM (if applicable) |
|---|------------------|-------------|-----------------|---------------------------|
| <input type="checkbox"/> Change a grade method | _____ | _____ | _____ | _____ |
| (Indicate grading method in GM column,
A-Audit, P/F-Pass/Fail, etc.) | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Readmission | | | | |
| <input type="checkbox"/> Other | | | | |

Explanation for Request:

Signature of Advisor: _____ Approve Deny
(If applicable)

Signature of Instructor: _____ Approve Deny
(If applicable)

Committee Action Approved Denied Referred to: _____

Comments: