

BEMIDJI STATE UNIVERSITY
Records & Registration Office
Deputy Hall, Room 101, #12
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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 list your e-mail address for notification of petition results _____

Check the appropriate box and provide additional information in the space provided and/or attach additional documentation.

<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.)	_____	_____	_____	_____

Readmission

Other

Explanation of Request:

Signature of Advisor: _____ Approve Deny
(if applicable)

Signature of Instructor: _____ Approve Deny
(if applicable)

Committee Action Approved Denied Referred to: _____

Comments: