

UNIVERSITY OF MINNESOTA

Crookston Campus

Office of Admissions

Owen Hall Suite A
2900 University Avenue
Crookston, MN 56716-5001

Email: umcinfo@umn.edu
218-281-8569
Fax: 218-281-8575

LATE ADMISSION PETITION

DIRECTIONS

Use this form to petition for an exception to the Crookston campus application deadline. Fill out section 1-3 and return to the Office of Admissions at umcinfo@umn.edu or 2900 University Ave. Crookston, MN 56716. This petition does not guarantee admission.

Contact the office of admissions to determine what additional documentation may be required. Late Admission Petitions are accepted up to two weeks prior to the start of the semester. The petition will only be considered if all application materials are received and official.

The Office of Admissions and other university offices will review your request, as necessary. The decision on the action to be taken will be sent to your official university email account and/or personal email indicated on this document.

PART 1: Student background

University ID		Name (last, first, middle)	
Birth date (mm/dd/yyyy)	University e-mail address @umn.edu	Personal e-mail address	Phone (include area code)
Current mailing address (street, apartment number or P. O. box number, city, state, ZIP Code, country)			
Expected start term (add last two digits of the year) <input type="checkbox"/> fall semester 20 ____ <input type="checkbox"/> spring semester 20 ____ <input type="checkbox"/> summer session 20 ____			
I will be seeking Financial Aid <input type="checkbox"/>		Application Type:	
I have submitted my FASFA for the expected start term <input type="checkbox"/>		Online <input type="checkbox"/> Onsite <input type="checkbox"/> Non-Degree <input type="checkbox"/> Inter-University Transfer <input type="checkbox"/>	

PART 2: Academic History and Goals

How many college level semester credits have you completed from a regionally accredited institution?
How many credits do you plan on enrolling in?
If you have worked with your academic advisor to set up a class schedule, or know what classes you need for this semester, please list them below (if applicable):

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation. This form is available in alternative formats upon request. Please call Disability Services at 218-281-8587.

December 2018

PART 3: Petition description

Provide an explanation or reason to grant your request (attach a separate sheet if necessary). Ex: I missed the deadline due to _____.

STUDENT CERTIFICATION

By signing this form, I am certifying that the information I provided is true. I understand that misrepresentation of facts or documentation may be sufficient cause, in and of itself, for automatic denial of this appeal and may be in violation of the Student Conduct Code and subject to disciplinary action up to and including dismissal.

Student's signature (required)	Date
--------------------------------	------

* Section below is to be filled out by the Academic Advisor, Department Head, or Office of the Registrar

PART 4: Adviser's recommendation

Add your comments/recommendation to the request made in Part 2 of this form (not required for the one-time discretionary course cancellation or withdrawal from all courses).

Advisor's Comments/recommendations	
Advisor's signature	Date

PART 5: Action taken

The following action has been determined after University of Minnesota review.

Petition is <input type="checkbox"/> approved <input type="checkbox"/> denied	Petition expiration date (process by due date, if applicable)
Comments	
Signature of authorized Admissions committee member/staff	Date