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)
☐ Other: _______________________________

Indicate below the course(s) for which you are petitioning:
☐ All Courses in Term
☐ Only the course(s) listed below:
____________________________________________

On what date did you last attend or participate in any course(s) for which you are petitioning:
_________________________________________

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) _______________________________ Date: ______________

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

☐ Approved for 
☐ Denied
☐ No Decision

☐ Late drop with refund/reversal of charges
☐ Late withdrawal

☐ Circumstances are not an approved basis for petition

☐ Additional information needed. See Comments below.

Comments:

By: _______________________________ Date: ______________

Northwest Technical College
Records Office
905 Grant Avenue SE
Bemidji, MN 56601
phone: 218-333-6600 fax: 218-333-6697
records@ntcmn.edu