



Registration Appeal

Name: _____ Star ID/Student ID: _____

Address/Street Apartment: _____

City, State Zip _____

Telephone: _____ - _____ - _____ Email: _____

Appeal Term: Fall Spring Summer Year: _____

Please see the back of the appeal for directions. List the courses you are appealing below.

Subject - Number	Sec	Course Title	Credits

I have read and understand the information and instructions on the back of this form.

Signature: _____ Date: _____

Return the completed form, along with your statement and documentation to the Student Services Office in person, by fax, e-mail or mail.

e-mail: Registration @dctc.edu

fax: 651-423-8775

Mail: Dakota County Technical College, 1300 145th Street East, Rosemount, MN 55068

Staff use only below this line.

- Drop of course registration – no record on transcript, removal of tuition charges
- Withdrawal/waiver- course(s) remain on transcript with grade of “W” – tuition charges waived
- Withdrawal – course(s) remain on transcript with grade of “W” – no removal of tuition charges
- Denial
- Tabled.

Panel Representative: _____ Date: _____

Notes:

Registration Appeal

Registration Appeal Instructions

The appeal form is to be used to request an exception to MinnState policies regarding deadlines for course drops, refunds and withdrawals. You must submit the signed form with appropriate information and documentation in order to be considered for an appeal. You will receive the final decision via US mail after the appeal committee has reviewed your appeal. The committee typically meets every other week.

Your appeal must include -

- A typed statement that describes your situation
- Outcome desired by appeal – drop/refund; withdraw/waiver; withdraw no refund
- The documentation required for your situation, as indicated below.

Appeal due to student illness:

- Your health care professional must provide the following information on medical facility letterhead:
- The dates you were unable to attend class due to a medical issue
- The name of the facility where you were treated
- The name and signature of your healthcare professional.
- The illness should have prevented your attendance from all classes for a significant amount of time. An appeal based on a pre-existing or recurring condition may not be approved.

Appeal due to illness or death of immediate family member:

- Appeals will be considered only for a spouse, child, sibling, parent, or other of whom you are the legal dependent or legal guardian (documentation of legal dependent or guardian status is required).
- Your appeal must include:
- The dates you were unable to attend class,
- The identity of and your relationship to the person you were responsible for assisting,
- Official documentation of the person's medical situation and a written statement that addresses why it was necessary for you to act as the primary care giver.
- The circumstances should have prevented your attendance for a significant amount of time. If your situation required out of state or country travel, attach a copy of your travel itinerary.

Appeal due to college Error:

- Include an explanation of the error and supporting documentation. Without supporting documentation, your appeal will not be considered.

Appeal for other reasons:

- When appealing for other reasons make a clear case for your appeal and submit supporting documentation.

Most registration appeals are for all courses for a single term. A circumstance serious enough to warrant an appeal is generally assumed to have affected performance in all courses. Therefore, partial registration appeal requests require additional information. Students need to explain how their situation allowed them to complete some courses and not others. Academic difficulty or ease of a course is not considered a valid cause for a partial appeal. Forgetting to drop or withdraw from classes by deadline dates or not knowing deadlines are not acceptable reasons for appeal.

Questions regarding the appeal process can be directed to the Registrar at 651-423-8216.