

Minnesota State University, Mankato
Retroactive Registration Appeal

Must be submitted within 90 days of prior term.

Name: _____ Tech ID #: _____

Address: _____

E-mail Address: _____

Day time phone number: _____ Term effected by change: _____ Year: _____

Classification: Fr. Soph. Jr. Sr. If Sr., have you applied for graduation? Yes No

Do you receive Veteran's Benefits? Yes No Do you receive Financial Aid? Yes No

Check Type of Appeal

- Add** a class to a prior term
- Drop** a class from a prior term
- Other** _____

REQUIRED: A written statement on Official Department Letterhead from each course's instructor to verify your attendance/participation in the course.

For office use only

Verification attached _____
Date _____ Initials _____

| Course ID | Dept | Course/Sec # | Credit | Gr. Method | Course Title |
|-----------|-------|--------------|--------|------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Explain your reason for the appeal. (Use additional sheets if necessary) _____

Student's Signature

Date

You will be notified of decision within 15 working days. You will have 60 days from the date of the Office of Academic Affairs's approval in which to pay all applicable University charges or appeal will be rescinded and you will be ineligible to reapply for another appeal for this course(s).

Approved _____ Denied

Office of the Registrar

Date

If approved, forward to the Office of Academic Affairs.

Approved _____ Denied

Office of Academic Affairs

Date

If denied, return to the Office of the Registrar. If approved, forward to Student Financial Services.

Tuition & Fees for this appeal \$ _____ Other obligations \$ _____

Total amount due University before registration changes can be done: \$ _____

Return to the Office of the Registrar.

Student Financial Services

Date