

DES MOINES AREA COMMUNITY COLLEGE  
EDUCATIONAL SERVICES PROCEDURES

Section: STUDENT RIGHTS, APPEALS AND FERPA  
Subject: Petition for Policy Waiver  
Effective Date: September 16, 2013  
Number: ES 4650

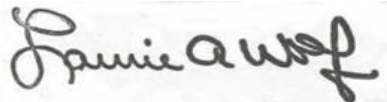
I. Institutional Regulation

A student who feels extenuating circumstances prevent compliance with the established dates for drop, add, or tuition refund may ask for special consideration by completing a PETITION FOR POLICY WAIVER form (Form ES 4650). The petition may be obtained from the DMACC webpage at [www.dmacc.edu/student\\_services/policies\\_procedures.asp](http://www.dmacc.edu/student_services/policies_procedures.asp) and submitted to the Registrar's Office (Ankeny) or the Student Services Office (all other campuses). **Students are required to work with the Campus Advisor or Counselor who can explain the petition procedures and ensure the students' rights are understood by the student. Petitions shall be submitted no later than the end of the semester immediately following the semester for which the student is petitioning.**

II. Procedure

- A. Issues addressed by Petition for Policy Waiver Committee:
1. A student who wishes to add a course after the last day to drop classes for the term must, in addition to obtaining approval of the course instructor per ES 4554 Registration Status Procedure, also obtain the approval of the Petition for Policy Waiver Committee through submission of a petition.
  2. A student who wishes to drop a course after the published drop deadline must obtain approval of the Petition for Policy Waiver Committee through submission of a petition.
  3. A student who drops a course and wishes to receive a tuition refund larger than the normally calculated refund must obtain the approval of the committee through submission of a petition.
- B. **It is the responsibility of the student to provide the Committee with appropriate documentation outlining the details of petition.** Supporting documentation specifying relevant details, (e.g., onset, treatment, and release dates for medical issues and obituary for family deaths) must accompany the PETITION FOR POLICY WAIVER form (Form ES 4650).
- C. A committee comprised of the Registrar, Director of Financial Aid, Supervisor of Student Accounts, student member nominated by the Student Activities Council or the Executive Dean of Student Services and a faculty representative (or their designee) will review all evidence. Each member will exercise one vote in determining the validity of the claim. The committee's decision will be communicated in writing to the student and the Advisor or Counselor who assisted the student. Other college personnel may assist with the investigation and may be asked to participate in the committee as ad hoc, non-voting participants. Campus Advisor or Counselor may also attend the Petition for Policy Waiver Committee meetings as a non-voting participant.
- D. If the Committee determines that the petition would be more appropriately dealt with under the ES 4630 Student Conduct, Discipline, and Appeals Procedure, a voting member of the Petition for Policy Waiver Committee will provide the student with a copy of the procedure and refer the student to the appropriate campus advisor or counselor.
- E. If the petition involves alleged discrimination, a voting member of the Petition for Policy Waiver Committee shall provide the student with a copy of ES 4645 Discrimination Complaint for Students and refer the student to the Campus Advisor, Counselor, the campus Dean/Provost's office, or the Judicial Officer.
- F. If the petition alleges disputes between the student and instructor(s), a voting member of the Petition for Policy Waiver Committee will refer the student to the campus advisor or counselor for assistance in filing an appropriate procedure.
- G. If the student seeks an administrative withdrawal due to medical or mental health conditions or if the Committee believes that may be warranted, the petition will be referred to the Executive Dean of Students and procedures outlined in ES 4520 Administrative Withdrawal will be followed.

- H. If the student's petition has not been approved, the student may request further committee consideration if the student presents new or not previously submitted information or documentation. This information or documentation must be presented in writing within 10 (ten) working days of the initial petition denial. A student may request Committee reconsideration one time. After further consideration, the decision will be communicated to the student in writing. This is the final level of appeal.



APPROVED:

\_\_\_\_\_  
Executive Dean, Student Services

4/01/08  
Date: \_\_\_\_\_



\_\_\_\_\_  
Senior Vice President, Academic Affairs

4/01/08  
Date: \_\_\_\_\_



**PETITION FOR POLICY WAIVER**

*(To be submitted to the Registrar's Office at the Ankeny campus or to the Student Services Office at all other DMACC campuses.)*

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Home) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ (Work) \_\_\_\_\_

Please list the class(es) for which you are petitioning:

All or  Specific courses (List) \_\_\_\_\_

Please check the policy waiver for which you are petitioning:

- \_\_\_\_\_ Waiver of last day to drop individual classes
- \_\_\_\_\_ Waiver of last day to add individual classes
- \_\_\_\_\_ Waiver of tuition refund policy

Waiver is sought for the \_\_\_\_\_ term of the \_\_\_\_\_ academic year.

**\*Petitions must be submitted no later than the end of the semester immediately following the semester about which the student is petitioning.**

You must provide narrative explanation of all relevant details in support of your request for this policy waiver. Documentation specifying relevant details, (e.g., onset, treatment, and release dates for medical problems, death date, certificate, and obituary for family deaths) must accompany the PETITION FOR POLICY WAIVER form (Form ES4650). You may also wish to provide a statement by a college official (advisor, counselor, dean, etc.), employer, or other verifiable third party.

I understand that if I have financial aid with DMACC, my financial aid award and status may be changed based upon the Committee investigation and/or outcome of this Petition. I am responsible for knowing and understanding my financial aid status and award requirements and have consulted with the Office of Financial Aid prior to submitting this Petition. I declare that all statements made herein and any attachments are true and correct to the best of my knowledge and belief. I hereby authorize DMACC officials to conduct whatever investigations necessary in considering this request.

\_\_\_\_\_  
Advisor or Counselor Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

OFFICE USE ONLY:  
Action: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Student Records      Student      Advisor or Counselor