



Petition for Academic Forgiveness

Student ID Number

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Please provide the information below, sign, and date this form. The petition must be submitted to Student Services by the end of the term, following the completion of twelve credit hours.

Student's Full Name	Date
Email Address	
Current Major/Program of Study	Cumulative GPA
List the term for which you are requesting academic forgiveness be applied:	
Please provide an explanation of your past academic performance and indicate your reason(s) for requesting Academic Forgiveness.	

I accept the conditions of the Academic Forgiveness Policy and hereby request to be granted Academic Forgiveness.

Student's Signature	Date
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COLLEGE USE ONLY – DO NOT WRITE BELOW THIS LINE

- Approved
- Denied

- Approved
- Denied

Academic Term(s) of Academic Forgiveness	
If not approved, explain:	
Academic Standing Committee Chair's Signature	Date

If not approved, explain:	
Vice President of Academic Programs Signature	Date
Processed by (Student Services):	Date