

ACADEMIC FORGIVENESS REQUEST FORM

Department of Graduate Studies (RO-0624)

Registrar's Office • 200 High Street • Glenville, WV 26351 • 304-462-4117 • FAX 304-462-8619 • registrar@glenville.edu

Student's	Name GSU ID #
	Form must be submitted no later than 30 days prior to reapplying for admissions. Late submissions will not be considered.
By signing	g this form, I understand and agree to the following:
1.	I am including my written personal statement that addresses my professional or personal growth during my time away from the University and providing evidence to support my current potential for academic success.
2.	I have not been enrolled in a graduate program during the two academic years immediately preceding my intended semester of reenrollment.
3.	The grades being disregarded from the calculation of my GPA will remain on my academic transcript but will be marked and a notation of Academic Forgiveness placed on my transcript.
4.	I understand any statements of Academic Probation or Suspension will remain on my transcript.
5.	I have not previously been awarded a Glenville State University graduate degree.
6.	I must complete a minimum of 6 hours with a minimum 3.0 GPA within one semester of this request or I am subject for dismissal.
I am re	questing the following course grades be disregarded from GPA calculations:

Semester	Year	Class	Grade
Student Signature:		Date:	
Advisor Signature:		Date:	
Graduate Program	Coordinator:	Date:	
	For	Office Use Only	
Qualifies	s for Academic Forgiveness	Does not qualify for Academic Forgiver	ness
Remarks:			
Registrar's Office Sign	nature:	Date:	