



ACADEMIC FORGIVENESS REQUEST FORM

(RO-03/24)

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 within the first semester of re-enrollment.
Late submissions will not be considered.

By signing this form, I understand and agree to the following:

1. I have not been enrolled as a full-time student in any college or university during the 4 consecutive academic years immediately preceding my semester of readmission.
2. I will no longer be eligible for graduation with academic honors.
3. The grades being disregarded from the calculation of my GPA will not be deleted from my academic transcript.
4. Grades of "F", "FIW" and "D" will be disregarded from my GPA calculation, but I may choose to retain grades of "D" for specific courses if the course will satisfy degree requirements.
5. Academic forgiveness will only be applied to my transcript after completing at least 12 graded credit hours of required courses within two consecutive semesters with no grade lower than a 'C'.
6. I have not previously been awarded an associate or baccalaureate degree.

Must select only ONE of the following options:

- I am requesting ALL grades of "D" be disregarded from my GPA calculation regardless of whether they may be used towards my graduation requirements.
- I am requesting to retain any grades of "D" which may be used towards my graduation requirements and have any grades of "D" which are not needed to be disregarded from my GPA calculation.

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

****For Office Use Only****

Qualifies for Academic Forgiveness Does not qualify for Academic Forgiveness

Term 1: _____ CR Grades C or higher? Yes No Term 2: _____ CR Grades C or higher? Yes No

Approval/Denial letter sent _____ 2nd letter sent _____ Final letter sent _____
date (if needed) date date

Registrar's Office Signature: _____ Date: _____