



# ACADEMIC FORGIVENESS REQUEST FORM

(RO-0623)

Registrar's Office • 200 High Street • Glenville, WV 26351 • 304-462-4117 • FAX 304-462-8619 • [registrar@glenville.edu](mailto:registrar@glenville.edu)

Student's Name \_\_\_\_\_ GSU ID # \_\_\_\_\_

**Form must be submitted within the first semester of re-enrollment.**

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

1. I have not been enrolled fulltime at any institution of higher education for 4 years or more prior to my current/upcoming enrollment at Glenville State University.
2. I will no longer be eligible for graduation with academic honors.
3. The grades being removed from the calculation of my GPA will not be deleted from my academic transcript.
4. Once a "D" is removed from the calculation of my GPA, the credit earned in that course will also be removed and will not fulfill degree program requirements.
5. Academic forgiveness will only be applied to my transcript after completing at least 12 semester hours within two consecutive semesters with no grade lower than a 'C'.

I am requesting  regular academic forgiveness  RBA academic forgiveness

I am requesting grades of "D" be removed from my GPA calculations regardless of whether they may be used towards my graduation requirements.

I am requesting any grades of "D" which may be used towards my graduation requirements not be removed from my GPA calculations.

**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 \_\_\_\_\_ date     2nd letter sent \_\_\_\_\_ date (if needed)     Final letter sent \_\_\_\_\_ date

Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_