



Academic Forgiveness Request Form

(RO-8/18)

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

Student's Name _____ GSC ID # _____

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

By signing this form, I agree to the following:

1. I have reviewed and agree with the Academic Forgiveness policy.
2. I am only eligible for academic forgiveness if I have not been enrolled in an institution of higher education for 4 years or more prior to my admission to Glenville State College.
3. I will no longer be eligible for graduation with academic honors.
4. The courses and grades that are being removed from the calculation of my GPA cannot be used to fulfill my graduation requirements and these grades will not be deleted from my permanent record.
5. Once a "D" is removed from the calculation of my GPA, the credit earned in that course will also be removed.
6. I **must** complete at least 12 semester hours within two consecutive semesters, with no grade lower than a 'C.'

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

The Registrar's Office will notify you when a decision has been made regarding the request for Academic Forgiveness.

Official Use Only

☐ **Qualifies for Academic Forgiveness**

☐ **Does not qualify for Academic Forgiveness**

Semester #1: _____ hrs _____ GPA Semester #2: _____ hrs _____ GPA

Registrar's Office Signature: _____ Date: _____

Comments: _____

