



ACADEMIC FORGIVENESS REQUEST FORM

(RO-06/22)

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.

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 University.
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.'

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 grades of "D" not be removed from my GPA calculations if they may be used towards my graduation requirements.

I am requesting Regents Bachelor of Arts Academic Forgiveness.

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

The Registrar's Office will notify you when a decision has been made regarding your request.

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: _____
