

## Academic Forgiveness - Graduate Student Request Form

Student name: NCCU Email:		
Banner ID:	Date of request:	Current phone (required):
Mailing address: STREET: _		
CITY, STATE, ZIP:		
ACADEMIC SEMESTERS T	O BE FORGIVEN:	
student requesting Academic Fo during the semester(s) of the wo	rgiveness must be enrolled in a differen rk to be forgiven, and must have been o	cledge the conditions of your request for Academic Forgiveness. Any not graduate program than the one in which he or she was enrolled out of the previously enrolled program for a period of at least two not understand any of the following then STOP and ask for it to be
still appear on my NCC grade point average. Students may request acc	CU transcript, but that it will no longer	om the above stated semesters) I realize that the course work will be factored into calculations of my overall or institutional NCCU sters of their prior work, but all work from a given semester will be mester and if the request is approved.
I understand that once m NCCU or transfer coun		pproved, I <u>can never request academic forgiveness for additiona</u>
		r, and supporting requirements met by courses taken during the opriate; but credit from those hours will NOT count toward my
admissions. If I were to a graduating GPA. That co	apply for admission into such a professi	te GPAs counting all course work toward consideration for ional school, that admissions committee may recalculate my NCCU ren grades back into the recalculation of my GPA and thus consider my NCCU cumulative GPA.
	ept full responsibility for the consequent eness policy as stated in the NCCU care	nces this academic forgiveness request, and all other aspects of the <b>talog</b> .
**REQUIRED**		
STUDENT SIGNATURE:		Date:
DEPARTMENT CHAIR OR COORDINATOR OF NEW PROGRAM SIGNATURE:		Date:
GRADUATE DEAN SIGNATURE:		
PROVOST SIGNATURE		Date