

MARSHALL UNIVERSITY
Application for "Academic Forgiveness"
Undergraduate

Name

Last _____ First _____ Middle _____ Student Number _____

Current Permanent Address

Street _____ City _____ State _____ Zip Code _____

Currently Enrolled MU ___ Yes ___ No. **If no, last date of enrollment MU** _____ Mo. _____ Year

Last Date of Attendance as a Full Time College Student _____ Mo. _____ Year

I am requesting admission to the following Program (Major): _____

If accepted, I request that the Policy be applied to:

_____ All D's and F's on my record
_____ Only the following courses _____

In signing this application, I agree to the following provisions of the Academic Forgiveness Policy as applied at Marshall University:

- A. Academic Forgiveness applies only to D and F grades received prior to the five (5) year period used to qualify me for this program.
- B. No D or F grades will be removed from my official academic record.
- C. Forgiveness applies ONLY for calculation of my grade point average to determine eligibility for graduation in the program stated above. Forgiveness does not apply to any other applications of grade point average such as Honors, Certification or other such items.
- D. If I change my academic program from that which is stated on this application, the provisions of this policy are automatically voided and I must reapply.
- E. To qualify for graduation in the above stated program, I must satisfy all graduation requirements in effect at the time of acceptance into the program, and successfully complete a minimum of 24 additional semester hours of actual course work at Marshall University with a minimum GPA of 2.00 on all work attempted after acceptance.

Signature _____ **Today's Date** _____

This application must be accompanied by Official Transcripts from all institutions previously attended.

_____ (FOR OFFICIAL USE ONLY) _____

Accepted: _____ **Date** _____
Dean's Signature

Rejected: _____ **Date** _____
Dean's Signature