Request for
Academic Forgiveness

Applies to: Lawrence Campus undergraduate students

Purpose: This form is used to request academic forgiveness. Only undergraduate students are eligible to request academic forgiveness. Students must submit this completed form to the Office of the University Registrar.

1. Indicate which semester/term(s) you would like to request academic forgiveness (no more than 3 terms):
   - ☐ Fall semester _______(year)
   - ☐ Spring semester _______(year)
   - ☐ Summer term _______(year)

2. __________________________________________________________________________
   Last Name                      First Name                                     MI                                        Student Number

3. __________________________________________________________________________
   Student Email Address                     Phone Number

4. I am currently classified as an undergraduate at KU. ___________________________
   Student Initials

5. I have had a break of attendance of at least four years from KU.
   The break was from ______ Mo/Yr to ______ Mo/Yr. ___________________________
   Student Initials

6. I had earned an overall GPA of less than 2.0 prior to the four year break from KU. My GPA was_______________________________.
   ___________________________
   Student Initials

7. My current overall GPA since returning to KU is 2.5 or better. That GPA is_______________________________.
   ___________________________
   Student Initials

8. I have earned at least 12 credit hours since my four year absence from KU. I have earned______________________________credit hours.
   ___________________________
   Student Initials

9. I have consulted with my Academic Unit and have obtained approval as indicated by the signature below.
   ___________________________
   Signature of School Official            Date

10. I have read the Academic Forgiveness Policy found at http://policy.ku.edu/governance/USRR#art2sect8 and understand how it will affect my academic record and my academic transcript.
    ___________________________
    Student Signature            Date

Submit completed form to:
The University of Kansas
Office of the University Registrar
1450 Jayhawk Blvd
Rm 121 Strong Hall
Lawrence, KS 66045-7535
Phone: 785-864-4423
Fax: 785-864-3900
Email: studentrecords@ku.edu

For Registrar’s Office use only:
Date completed: __________