



Request for Academic Forgiveness

Applies to: Lawrence Campus students

Purpose: This form is used 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 Phone Number

3. _____
Current Address City State Zip Student Email Address

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 _____ to _____. _____
Mo/Yr 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 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
KU Visitor Center
1502 Iowa St.
Lawrence, KS 66045
Phone: 785-864-4423
Fax: 785-864-3900
Email: studentrecords@ku.edu

For Registrar's Office use only:
Date completed: _____
By: _____