Request for Academic Forgiveness

Applies to: Lawrence and Edwards Campus undergraduates
Purpose: Used to request academic forgiveness in accordance with USRR 2.9
(www.policy.ku.edu/governance/USRR)

1. Indicate which semester/term(s) you would like to request academic forgiveness (no more than 4 terms):
   - [ ] Fall/Spring/Summer (semester) ______(year)
   - [ ] Fall/Spring/Summer (semester) ______(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 two years from KU.
   The break was from ______ Mo/Yr to ______ Mo/Yr. _____________________________
   Student Initials

6. I had earned an overall GPA of less than 2.5 prior to the two 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 two 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:
Office of the University Registrar
The 1502 Building
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: __________________________