

**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 (seme       | ester)(year)            |        | Fall/Spring    | g/Summer (semes | ster)(year)           |
|----------------|--------------------------------|-------------------------|--------|----------------|-----------------|-----------------------|
|                | Fall/Spring/Summer (seme       | ester)(year)            |        | Fall/Spring    | g/Summer (semes | ster)(year)           |
| 2.             |                                |                         |        |                |                 |                       |
|                | Last Name                      | First Name MI           |        | Sti            | udent Number    | Phone Number          |
| 3              |                                |                         |        |                |                 |                       |
|                | Current Address                | City                    |        | State          | Zip             | Student Email Address |
| <b>4.</b> I ar | n currently classified as an u | ndergraduate at KU.     |        | dent Initials  | _               |                       |
| <b>5.</b> I ha | we had a break of attendance   | e of at least two years | from   | KU.            |                 |                       |
| The            | e break was from Mo/Yr         | to<br>Mo/Yr             |        | ident Initials | _               |                       |
| <b>6.</b> I ha | d earned an overall GPA of     | less than 2.5 prior to  | the tw | vo year break  | from KU. My C   | SPA was               |
|                | Student Initials               |                         |        |                |                 |                       |
| 7. My          | current overall GPA since r    | eturning to KU is 2.5   | or be  | tter. That G   | PA 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 Registr | ar's Office use only: |
|-------------|-----------------------|
| Da<br>By    | ite completed:        |