

ACADEMIC FORGIVENESS REQUEST FORM

Complete this form and submit it to your Academic Advisor.

Student Information				
Name:		ID#:		
Phone:		Email:		
Street Address:				
City:		State:		
Advisor:				
l affirm that I meet th	hese four eligibility r	equirements for Acade	mic Forgiveness:	
1. I have not taken any	courses at Ferris State	University for a period of	at least three (3) ye	ars from the last
semester of attendance				
2. I have applied to be r				
3. I have never before r	-			
4. I have not earned an				
		s will be applied to my		le e de la colonia de la c
_	or a period not to excee	ed three consecutive seme	esters will <u>no longer</u>	be used to calculate
my new GPA.	s grades will not be use	ed to calculate my new GF	DA they will remain	on my transcript
	-	one time. Once granted, t	· · · · · · · · · · · · · · · · · · ·	
reversed.	so can be granted only	one times once grantea, t	are action to perman	ene ana viii not be
Semesters for which I a	-	_		
1	2	5		
	_	cannot be considered in	_	-
-	id eligibility. The Finar	ncial Aid Office will contin	nue to review all the	grades on my
transcript.				
Student Signature		Da	ate	
NOTE: Academic Advisors	will make recommendat	ions about prior coursework	c for which students w	ill be given "credit"
toward meeting program	requirements for gradua	tion to the office of the dear	n of the college to whi	ch they are applying for
· · · · · · · · · · · · · · · · · · ·		of D- is acceptable, where in	_	•
•	nat some classes for whic	h "credit" was given, may ne	eed to be repeated in o	order to comply with
program requirements.				
	ture/Date:		Support	Not Support
Comments:				
Dean's Signature/Date				
			Annroved	Denied
Comments:			Approved	Denied

Issue Date: 6/17/2022