

**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: \_\_\_\_\_

**I affirm that I meet these four eligibility requirements for Academic Forgiveness:**

1. I have not taken any courses at Ferris State University for a period of at least three (3) years from the last semester of attendance.
2. I have applied to be readmitted to Ferris State University.
3. I have never before received Academic Forgiveness.
4. I have not earned an undergraduate degree.

**I understand that the following guidelines will be applied to my academic record:**

1. All grades received for a period not to exceed *three consecutive semesters* will no longer be used to calculate my new GPA.
2. Even though previous grades will not be used to calculate my new GPA, they will remain on my transcript.
3. Academic Forgiveness can be granted only one time. Once granted, the action is permanent and will not be reversed.

Semesters for which I am requesting Academic Forgiveness:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**I also understand that Academic Forgiveness cannot be considered in determining Satisfactory Academic Progress for financial aid eligibility. The Financial Aid Office will continue to review all the grades on my transcript.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Academic Advisors will make recommendations about prior coursework for which students will be given “credit” toward meeting program requirements for graduation to the office of the dean of the college to which they are applying for readmission. (For example, in some cases a grade of D- is acceptable, where in others, a minimum grade of B is required). Therefore, it is possible that some classes for which “credit” was given, may need to be repeated in order to comply with program requirements.

Academic Advisor’s Signature/Date: \_\_\_\_\_ Support \_\_\_\_\_ Not Support \_\_\_\_\_  
Comments: \_\_\_\_\_

Dean’s Signature/Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Comments: \_\_\_\_\_

Associate Provost’s Signature/Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Comments: \_\_\_\_\_