

APPLICATION FOR ACADEMIC FORGIVENESS

Policies governing academic forgiveness are as follows:

Students may apply for the removal of grade of “F” or “WF” earned at Lenoir Community College under the provision of the College’s Academic Forgiveness Policy. Although the courses will not be removed from the student’s cumulative record, the grades will no longer be calculated into the students’ major or cumulative grade point average. The policies for academic forgiveness are as follows:

1. Academic forgiveness **must** be initiated by the student.
2. A student who has not been enrolled in curriculum courses at Lenoir Community College for 36 consecutive months may request to have the registrar evaluate the student’s academic record.
3. The student must be readmitted to the College, register for courses, and complete at least 12 credit hours of course work with a minimum grade point average of 2.50.
4. Recipients of financial aid or veteran’s benefits may not be eligible for the forgiveness policy based on federal guidelines and regulations. The student should contact the Financial Aid Office for more information.
5. Academic forgiveness will be granted only once.

Full Name		ID Number	
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Street	City	State	Zip Code
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Telephone Number		E-mail address	

Request for academic forgiveness:

I understand the provisions of the Academic Forgiveness Policy as stated above and hereby request that the Registrar proceed with my application. Listed below are the courses for which I apply for academic forgiveness:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Student	Date
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Verification of the student's eligibility for academic forgiveness:

**I have verified and initialed the above courses for eligibility for academic forgiveness in accordance with the policies stated above; therefore, _____
_____ (student's name) will be granted academic forgiveness for these courses as requested upon the Registrar's receipt of this form signed and dated below.**

Signature Registrar **Date**

Signature Dean of Student Services **Date**

The Registrar must receive this signed form within ten (10) days of the date of verification. Failure to sign and return this form within this time frame nullifies the above agreement. Please note that other universities and organizations may not recognize this policy. I agree to have the eligible courses as indicated above forfeited in accordance with the Academic Forgiveness Policy as stated above. I understand this results in irrevocable forfeit of these credits and verifies acceptance of the conditions of the academic forgiveness policy.

Signature of Student **Date**