



Academic Forgiveness Request

Name: _____ Student ID #: _____
Mailing Address: _____ City /Zip/State: _____
Phone #: _____ Advisor: _____

Period/ Semester requested to be reviewed: _____

Academic Forgiveness Procedure

Any student who meets the following criteria may submit in writing, to the Office of the Vice President for Instruction and Student Services, a request for Academic Forgiveness.

- The student should have experienced a lapse in enrollment at SCC for a minimum of 24 months or two (2) academic years.
- Upon returning, at least twelve (12) semester hours of curriculum courses should have been completed with a GPA of 3.0 or greater.
- The request for forgiveness is recommended to be submitted during the subsequent semester (excluding summer) after the twelve (12) semester hours have been completed.

If the request is approved, all grades of D and F within the requested review period/consecutive terms will be forgiven and will not be used for GPA (Grade Point Average) computation for credits earned toward graduation requirements. Any forgiven work, if needed for completion of a certificate, degree, or diploma must be retaken. All grades will remain on the student's transcript.

If you have questions about how a Request for Academic Forgiveness may impact your financial aid, please contact the Financial Aid Office. If approved, a notation indicating academic forgiveness will appear on the official transcript. Students may submit only one academic grade forgiveness request.

I am requesting academic forgiveness. If this request is approved, I am aware of implication as identified above. Please attach the justification for this request **(to be provided by student).*****

Signature of Student / date

Signature of Advisor / date

Approved Denied

Signature of Executive Vice President for Instruction and Student Services / date