

Contact Information

First Name:	Last Name:		
Student ID:	Program of Interest:		
Address:			
City:	State:	Zip Code:	Daytime Phone:

Instructions

1. Please complete the top section and initial where indicated on the Petition.
2. Meet with Director of Enrollment Services to review our admissions GPA.
3. Meet with your academic advisor to discuss Academic Forgiveness and to discuss the GPA Calculation Review from Enrollment Services.
4. Submit a typed request (minimum one full page) along with the signed Petition and the GPA Calculation Review form to Enrollment Services.
5. Students will be notified in writing of the decision made regarding their request.

Please initial and sign where indicated (Student):

- _____ I met with my Academic Coach/Advisor and understand the Academic Forgiveness Policy.
- _____ I hereby apply for Academic Forgiveness.
- _____ I request that AHU disregard all of my previous higher education work.
- _____ I understand that I must complete 24 college credits at AHU before I may apply to a professional program.
- _____ These credits must be completed the trimester prior to the application deadline for my program of interest, as listed in the Academic Catalog.
- _____ I will ensure that all transcripts from my prior regionally accredited institutions are submitted before application deadlines.
- _____ I understand that the decision to make use of the Academic Forgiveness Policy is irreversible. I understand and agree to abide by the conditions of the Policy.
- _____ I understand and accept the financial consequences of Academic Forgiveness (i.e. loss of VA benefits or work related tuition reimbursement).

Student's Signature

Date

Academic Coach/Advisor's Signature

Date

Office Use Only:

Office of the Registrar Date received _____ Decision _____ Date _____

Email notification for transfer of credit removal sent to _____ Date _____