



Academic Amnesty

Application for Consideration

READ CAREFULLY

The student requesting academic amnesty must complete and return this form to the Office of the Registrar with a personal statement as well as at least 2 letters of recommendation. The personal statement must address: 1) what events lead to your academic standing and 2) what steps you have taken to plan for a successful return to FGCU. The letters of recommendation must come from the following: the student's advisor and CAA. Any other letters of support are welcome. All supporting documentation must be included with your personal statement. If you have or are currently attending another college or university, an official transcript must be requested and mailed directly to the Academic Standards Committee C/O Office of the Registrar. Signatures from the Center for Academic Achievement (CAA) and Academic Advisor are required before the form will be accepted, student will be notified of their review date and encouraged to attend. The decision of the Academic Standards Committee will be mailed to the address listed below.

DEADLINE TO REQUEST AMNESTY IS PRIOR TO THE FIRST DAY OF CLASSES IN THE TERM OF READMISSION.

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University Identification Number (UIN)

Readmission Term/Year

PLEASE PRINT CLEARLY

Name _____ Email address _____
Last First MI

Address _____
Street City State/Zip

Daytime Phone Number (_____) _____ Evening Phone (_____) _____

List other Colleges/Universities Attended Recently _____

An official transcript must be mailed to the Academic Standard Committee for each institution attended after suspension from FGCU.

By signing and submitting this form, I am requesting academic amnesty for my previously completed FGCU coursework. I understand that I must be fully admitted to FGCU prior to applying for amnesty. Furthermore, I understand that all previously completed coursework for which amnesty is granted will remain on my academic transcript.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

CAA Signature _____ Date _____

For Office Use Only

Approved Denied

Committee Chair Signature Date

Date Letter Mailed: _____ Date CAA/Advisor Copy: _____ SOAHOLD Change: _____