

All information required prior to processing.

# Request for Academic Forgiveness Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Tech ID or STAR ID \_\_\_\_\_

Phone \_\_\_\_\_ Home or Cell (circle one)

email address \_\_\_\_\_



## South Central College

Before this current semester, has it been at least 5 years since your last attendance at SCC?  **Yes**  **No**  
If you answered "**No**", you are not eligible for academic forgiveness.

Have you completed at least one term since returning to SCC?  **Yes**  **No**

In your most recent term of attendance, did you earn at least a 2.0 GPA?  **Yes**  **No**

In your most recent term of attendance, did you complete at least 67% of the credits you attempted?  
 **Yes**  **No**

If you answered "**Yes**" to all of the above questions, then you are eligible to request academic forgiveness.

**Please attach an unofficial transcript and draw a line to indicate the point before which academic forgiveness is being requested.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Processed by....		
	Date	Initials