APPLICATION FOR ACADEMIC FORGIVENESS POLICY

Student Name:_____

Student Number:_____

In accordance with the provisions of the Academic Forgiveness Policy as outlined in the *University of West Alabama General Catalogue*, I request that the grades in the course listed below be eliminated from the computation of my grade point average (maximum of three courses or 12 semester hours):

COURSE #	COURSE TITLE	GRADE	HOURS	SEM/YEAR ATTEMPTED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I have read, understand, and accept all provisions of the University's Academic Forgiveness Policy (see reverse side).

_____ _____

Signature of Student Date

APPROVED: ( )YES ( )NO - REASON DENIED:_____

_____ _____

Signature of Registrar **Date**