

Name: _____ Date: _____ UTC ID: _____

Application for Academic Forgiveness

UTC Records Office, 125 University Center

Ph: (423) 425-4416 Fax: (423) 425-2172

Section I: Additional Student Information

Phone Number: _____ Email Address: _____

Section II: Policies for Academic Forgiveness

1. A student must be admitted to UTC and registered for classes in order to apply for academic forgiveness.
2. Grades of D, F, or NC completed more than four calendar years before the date of application will be removed from consideration for credit. Although the courses will not be removed physically from the student's academic record, they will no longer be calculated in the grade point average and will no longer fulfill any general education requirements, major requirements, or any other University requirements.
 - a. The four years will be figured from the semester preceding the date the application is received in the Records Office (summer is considered one semester). A semester ends with the last official day of final examinations.
 - b. Courses taken within four years of the date of application will not be considered for academic forgiveness.
3. Academic forgiveness may be granted only once and, when granted, is irrevocable.
4. If you are a Veteran or Dependent receiving Veteran's Affairs benefits, please be sure to discuss this with the VA Certifying Official to understand how Academic Forgiveness will affect your VA benefits.

Request for academic forgiveness of the following:

Date(s) _____ Institution(s) _____

I have read the stated policies on academic forgiveness and understand them. I wish to make application for academic forgiveness according to the dates and institutions listed above.

Any information disclosed about child abuse or sexual assault/interpersonal violence may be subject to mandatory reporting requirements, which means that confidentiality cannot be guaranteed. To speak confidentially to a campus advocate prior to completing this form, please contact Survivor Advocacy Services by calling UTCPD at (423) 425-4357 and asking for the advocate on-call; this service is available 24 hours a day, 7 days a week. For more information about campus resources and reporting obligations, please visit: <http://www.utc.edu/sexual-misconduct/>.

STUDENT'S SIGNATURE

DATE

****RETURN FORM TO THE RECORDS OFFICE****

Section III: Academic Forgiveness Verification

The application for academic forgiveness has been reviewed and the following date(s) and institution(s) are eligible according to the policies for academic forgiveness.

Date(s) _____ Institution(s) _____

UNIVERSITY REGISTRAR'S SIGNATURE

DATE

Section IV: Student Acceptance

Your acceptance by signing below of academic forgiveness for the date(s) and institution(s) stated above will grant you irrevocable forfeit of these credits and will verify your final acceptance of the conditions of the policies on academic forgiveness. The Records Office must receive this signed form within ten (10) days of the date of verification. Failure to sign and return this form within this time frame nullifies the above agreement. Please note that other universities and organizations may not recognize this policy.

STUDENT'S SIGNATURE

DATE

****RETURN FORM TO THE RECORDS OFFICE****