

Name: \_\_\_\_\_ Date: \_\_\_\_\_ UTC ID: \_\_\_\_\_

## Application for Academic Forgiveness

UTC Records Office, 109 Race Hall  
615 McCallie Avenue, Dept. 5155  
Chattanooga, TN 37403  
Ph: (423) 425-4416 Fax: (423) 425-2172

### Section I: Additional Student Information

Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
NUMBER AND STREET APT. #  
CITY STATE ZIP CODE

### 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. All work attempted anywhere more than eight 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 eight 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 eight 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.

#### 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.

\_\_\_\_\_  
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\*\***