

Undergraduate Academic Forgiveness Request

Undergraduate students seeking academic forgiveness must meet the following criteria:

- ♦ Have not earned a bachelor's degree
- ♦ Have not attended Western Michigan University for at least four years

		ssion to the University		2413			
Please pri	int clearly						
Student Name (Last):			(First):	(M.I.):	Date of Birth:	WIN:	
Address:				City:	State:	Zip Code:	
Re-entry term:	☐ Fall ☐ Spring ☐ Summer I ☐ Summer II	Year:	Please note: Once applied, academic forgiveness cannot be reversed.				
♦ A minii ♦ All grac	mum of twelve cro les will remain on	your official transcri	ist be earned before pt, but will not be c	luation requirements. a degree can be award alculated in your grade en granted academic fo	e point average.		
			• •	only be applied to yo ch you are re-enterin			
			College Advising	Office Use Only			
Advisor C	omments/Recom	mendations:					
Advisor Signature:					Date:		
I am req	_	· ·	= :	n Michigan University	transcript. I acknow	ledge that I meet the	
Student Signature:					Date:		
Return completed form to:					Office of the Re	gistrar Use Only	

Registrar's Office 1903 W. Michigan Avenue Kalamazoo, MI 49008-5256

Please remember to secure the advisor's signature. Incomplete forms will result in a delay.

Office of the Registrar Use Only					
	Approved				
	Approved Pending Readmission				
	Denied				
Processed by:					
	Date				