KUTZTOWN
U N I V E R S I T Y
Registrar's Office

Academic Forgiveness
Application

The Academic Forgiveness Policy applies to any student who seeks readmission to Kutztown University after having been separated from the University for at least four years. If granted, the student will start the rest of his/her program of study with a 0.00 GPA.

The GPA calculations and individual course grades earned during the previous period of attendance will remain part of the permanent transcript record. A notation will be made on the transcript indicating that the Academic Forgiveness Policy was applied and that the calculation of the overall GPA is based solely on grades earned after re-admission to the University.

Students would keep credits earned previously in courses for which a final grade of "C" or better was recorded. Credits toward a degree will not be granted for courses in which a grade less than "C" was earned during the previous period of enrollment at Kutztown University.

Academic Forgiveness will be applied to the student's record after the student completes the first semester with a GPA of 2.0 or higher. The student must be registered for at least 12 credits during the first semester.

Students are required to complete at least 24 credits of graded coursework at KU before a degree will be granted.

This policy does not replace or alter the "10 year" rule and so students must be aware that courses in a major taken over 10 years prior to re-entry may not be applicable toward a degree.

In order to gain benefit from the Academic Forgiveness Policy, you must complete and sign below.
This request must be initiated preceding or during the first semester of attendance after readmission and be submitted to the Registrar's Office.

Term/Session of Re-entry: _____ Student ID: _____

I _____ am requesting the application of Kutztown University's Academic
 Print First Name, Last Name

Forgiveness Policy to my previous academic record at Kutztown University. If I am eligible, by signing this

form, I acknowledge said application and irrevocability of the policy.

Signature: _____ Date: _____

Address: _____
 Street   City   State   Zip Code

Phone Number: _____