Undergraduate Academic
Forgiveness Application

The Undergraduate Academic Forgiveness Policy applies to any undergraduate student who seeks readmission to Kutztown University and a reset of their cumulative grade point average (GPA) after having been separated from the university for at least two (2) years or with the completion of an associate degree. If granted, the student will start the rest of their 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 placed on the transcript indicating that the Undergraduate 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 will keep credits previously earned in courses for which a final grade of "D" or better was recorded. Academic forgiveness will be applied to the student's record after the student completes the first 12 credits with a GPA of 2.0 or higher upon returning. Students are required to complete at least 24 credits of graded coursework at KU before a degree will be granted. And if an associate degree has been granted, general education requirements are waived.

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 Undergraduate 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:_____ Year_____ 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 below, I acknowledge said application and irrevocability of the policy.

Address1:_____ Address 2: _____

City:_____ State: _____ Zip Code: _____

Phone Number:_____ Former Last Name: _____

Birthdate _____

Signature: _____ Date:_____

Date Processed: _____