

Request for Undergraduate Academic Renewal

Last Name_____
First Name_____
Middle Name_____
University ID # (XXX-XXX-XXX)

I am requesting that my record be considered for Academic Renewal. I have read the criteria regarding this process and believe that I am qualified for Academic Renewal. I understand that Academic Renewal can only be applied to course work that I completed at Indiana State University five (5) full years or more before my current re-admission. I understand that, if Academic Renewal is granted, only courses taken before my re-admission with grades of "C" or above will count and that all courses with passing grades lower than "C" will no longer count toward degree completion.

I, _____ (print full name), authorize the Dean of my College's intended program to request my transcript(s) from the Registrar for the purpose of initiating my request for Academic Renewal.

My intended program of study is _____

If Academic Renewal is granted, I understand the following conditions apply:

1. Five or more years must have passed between my last previous ISU enrollment and the current term of re-admission and I must not have earned a degree from ISU;
2. Academic Renewal is granted only after completion of a minimum of 12 credit hours with a grade point average of 2.00 or higher;
3. Academic Renewal can occur only once, and it is irreversible;
4. My ISU transcript will indicate that Academic Renewal has been granted--"D's" and "F's" will show on my transcript but not count in my GPA in the same manner as repeated courses. My recorded ISU cumulative GPA will start from the semester I was re-admitted to ISU (for graduation with honors, all courses, even those that have undergone Academic Renewal, will be incorporated in the honors GPA)
5. All academic requirements in place at the time of re-admission must be met;
6. My Dean (or the Dean's designate) will review my previous record and determine the applicability of ISU courses that carry a grade of "C" or higher to my program of study;
7. The hours accepted for use from my current program will appear as part of the total hours earned but will not count as attempted hours for my GPA;
8. I must successfully complete at least 30 semester hours of course work at ISU following my current re-admission.

I understand that all of the conditions as described will be applied to my case, with approval of Academic Renewal._____
Student Signature_____
Date

Notification of approval will be sent to your Indiana State University student e-mail account.

College_____
MajorRequest recommended by program: Yes No _____
Program Signature_____
DateRequest approved by Dean: Yes No _____
Dean's Signature_____
Date