

Office of the Registrar

Phone: (812) 237-2020 Fax: (812) 237-8039

Request for Undergraduate Academic Renewal

Last Name	First Name	Middle Name	University ID # (XXX-XXX-XXX)
Renewal. I ur current re-ad	-	o course work that I completed at Inc nted, only courses taken before my re	nis process and believe that I am qualified for Academic liana State University five (5) full years or more before my -admission with grades of "C" or above will count and
I.		(print full name), authorize the Dean	of my College's intended program to request my
transcript(s)	rom the Registrar for the purpose of initiating my requ	est for Academic Renewal.	,
My intended	program of study is		
If Academ	ic Renewal is granted, I understand the fo	ollowing conditions apply:	
1.	Five or more years must have passed between my la degree from ISU;	ast previous ISU enrollment and the c	urrent term of re-admission and I must not have earned a
2.			
3.	Academic Renewal can occur only once, and it is irreversible;		
4.	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 se	mester 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.	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	n will appear as part of the total hour	s earned but will not count as attempted hours for my GPA;
8.	I must successfully complete at least 30 semester ho	ours of course work at ISU following r	ny current re-admission.
I understand that all of the conditions as described will be applied to my case, with approval of Academic Renewal.			
Student Signa	iture		Date
Notification of approval will be sent to your Indiana State University student e-mail account.			
OFFICE USE ONLY			
College		Major	
Request reco	mmended by program: Yes No No	Program Signature	Date
Request appr	oved by Dean: Yes No	Dean's Signature	Date