



IOWA WESTERN COMMUNITY COLLEGE

ACADEMIC FORGIVENESS REQUEST FORM

Academic Forgiveness Policy and Procedure

A student may request Academic Forgiveness so the grade(s) for one or more courses within one completed academic term are excluded from his or her cumulative grade point average. All courses and grades for the term, as well as the term grade point average, will remain on the student's academic record; however, the grade(s) will be marked with an "*" and will not count toward the student's cumulative grade point average or degree requirements. The new cumulative grade point average will be used only for the purposes of future graduation and honors consideration. Academic Forgiveness will be granted only once and for only one term. Only courses in which a student has earned a grade of "D" or "F" will be considered for Academic Forgiveness. The student must enroll in and complete at least one term (and a minimum of six credit hours) after the term for which he or she is requesting Academic Forgiveness before a request for Academic Forgiveness will be considered and potentially granted.

The student must submit a Request for Academic Forgiveness Form to the Registrar's Office. The Form must be signed by both the student and an Enrollment Advisor in order for the request to be considered. The request will be reviewed and the student will be notified of a decision within two weeks of submitting it.

Student Information

Name: _____
Last First Middle Initial

Permanent Address: _____
Street Address

_____ City State Zip

Student ID Number: _____ Date of Birth: _____

Email Address: _____ Telephone: _____

Academic Information

What is your current Program of Study/Major? _____

Do you plan to graduate from IWCC with a degree, diploma or certificate in this Program of Study/Major? Yes No

Term for which you are requesting Academic Forgiveness: Fall Spring Summer Year: _____

Course(s) for which you are requesting Academic Forgiveness:

Department	Course Number	Course Title	Credit Hours	Grade

Required Signatures

By signing below, the student certifies that he or she has read and understands the Academic Forgiveness Policy at the top of this form.

Student's Signature Date

Enrollment Advisor's Signature Date

FOR OFFICE ONLY:

The student's request for academic forgiveness has been reviewed and the following action has been taken:

Request Granted Request Denied

Registrar's Signature Date