



Request for Academic Bankruptcy

Student Name _____ Student ID _____

Student Email _____ Cell Phone _____

Do you receive financial aid?

Do you receive veterans' benefits?

In requesting Academic Bankruptcy, I understand that:

- I must meet the requirements as specified in the University's policy on academic bankruptcy;
- I must have satisfactorily completed 18 semester hours at the University since the most recent bankruptcy semester;
- I may only be granted academic bankruptcy once while a student at Athens State; and
- I may be liable for repayment of financial aid funds, veterans' benefits, or other forms of financial assistance.
- I acknowledge any potential financial aid ramifications of this request, and I have reviewed and agree I am bound to the Satisfactory Academic Progress Policy of the University Office of Student Financial Aid, where applicable.

I request academic bankruptcy for the following semester(s) (no more than 3 semesters):

<u>Semester (Fall, Spring, Summer)</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

Signature (required) _____ Date _____

For Office of the Registrar - Student Records Use Only

This Request for Academic Bankruptcy is:

Approved

Not Approved (attach explanation)

Signature (Registrar or designee) _____ Date _____