



Request for Course Forgiveness

Student Name _____ Student ID _____

Student Email _____ Cell Phone _____

Do you receive financial aid?

Do you receive veterans' benefits?

In requesting Course Forgiveness, I understand that:

- I must meet the requirements as specified in the University's policy on course forgiveness;
- I may only be granted course forgiveness for a maximum of two courses (not to exceed 8 semester hours) 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 course forgiveness for the following course(s) (no more than 2 courses):

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

Signature (required) _____ Date _____

For Office of the Registrar - Student Records Use Only

This Request for Course Forgiveness is:

Approved

Not Approved (attach explanation)

Signature (Registrar or designee) _____ Date _____