



**COMPLETE ONLY IF YOU HAVE NOT BEEN ENROLLED AT RUTGERS UNIVERSITY  
FOR AT LEAST TEN SUCCESSIVE SEMESTERS**

**APPEAL FOR ACADEMIC FORGIVENESS**

Students who have under a 2.00 cumulative grade point average and who have been not enrolled at any Rutgers University campus for at least ten successive semesters may be eligible for academic forgiveness from one entire term of coursework or 12 total credits of coursework. Courses that are granted forgiveness will still have the original grade appear on the student’s transcript; however, the grades for these courses will not factor into the student’s cumulative grade point average. An e-credit prefix will be placed on the transcript which notes that academic forgiveness has been granted for the course.

Complete the following as well as all questions on the reverse side. Note that the Scholastic Standing Committee requires **ten (10) typed copies of the other side of this appeal.** Be sure to sign and date this form on the space below.

NAME \_\_\_\_\_ (MAIDEN NAME \_\_\_\_\_)

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

When did you last attend Rutgers? \_\_\_\_\_ Today’s Date: \_\_\_\_\_

For Which Term Are You Applying for Forgiveness? Term \_\_\_\_\_ Year \_\_\_\_\_ (e.g. Fall 1999)

If You Are Instead Applying for Forgiveness for 12 credits from various terms please list the courses below:

|                   |            |            |               |
|-------------------|------------|------------|---------------|
| Course Name _____ | Term _____ | Year _____ | Credits _____ |
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| Course Name _____ | Term _____ | Year _____ | Credits _____ |
| Course Name _____ | Term _____ | Year _____ | Credits _____ |
| Course Name _____ | Term _____ | Year _____ | Credits _____ |

Sign to certify that the information you provide on both sides of this form is accurate:

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Rutgers ID Number

**DO NOT WRITE BELOW THIS LINE**

**For Office Use Only**

**DECISION:** Accepted \_\_\_\_\_ Denied \_\_\_\_\_ Date Received \_\_\_\_\_

Deferred \_\_\_\_\_

- Conditions:**
- \_\_\_\_\_ 1. Must achieve at least \_\_\_\_\_ term average.
  - \_\_\_\_\_ 2. Must repeat the following course (s): \_\_\_\_\_
  - \_\_\_\_\_ 3. Must fulfill new General Curricular Requirements.
  - \_\_\_\_\_ 4. Must consult with \_\_\_\_\_
  - \_\_\_\_\_ 5. May take no more than \_\_\_\_\_ credits.
  - \_\_\_\_\_ 6. Other/Comments: \_\_\_\_\_

## INSTRUCTIONS

TYPE your answers to all the following questions. Submit this form with **BOTH SIDES COMPLETED AND TEN(10) COPIES OF THIS SIDE ONLY AS WELL AS TEN(10) COPIES OF YOUR RUTGERS TRANSCRIPT** to the SCHOLASTIC STANDING COMMITTEE, c/o THE OFFICE OF ACADEMIC ADVISING, 311 Cooper St, Camden, NJ 08102.

Date \_\_\_\_\_

Rutgers ID Number \_\_\_\_\_

### **DO NOT PUT YOUR NAME ON YOUR COPIES OF STATEMENT**

Describe the circumstances, which adversely affected your academic performance when you attended Rutgers-Camden and why you are seeking Academic Forgiveness at this time.

What evidence do you have that you can now do satisfactory work at Rutgers-Camden? Please attach/forward an **official transcript** of any college courses taken since leaving Rutgers.

Describe your academic plans if you are readmitted to Rutgers-Camden:

1. Intended schedule (check all that apply):  
Day classes \_\_\_\_\_ Evening classes \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Summer Session \_\_\_\_\_
2. Intended Major/Program: \_\_\_\_\_
3. Are there specific courses you hope to take if readmitted? \_\_\_\_\_  
\_\_\_\_\_
4. How many hours per week do you intend to work while attending classes? \_\_\_\_\_