



DICKINSON STATE UNIVERSITY
Academic Forgiveness Request

This process allows students the opportunity to request Academic Forgiveness for DSU courses. Please thoroughly review the Academic Forgiveness Policy prior to completing this form.

Name _____ Student ID# _____
Email _____ Date _____
Street Address _____ City _____ State _____ Zip _____
Term(s) Requested _____

My signature on this form indicates that I fully understand and agree to the following:

1. I acknowledge that the term(s) forgiven will continue to appear on my transcript, but it will not be included in the calculation of my cumulative grade point average (GPA) at Dickinson State University. All grades for term(s) requested, passing and failing, will be forgiven, partial terms cannot be requested.
2. I acknowledge that there is a possibility that, because of academic forgiveness, when I apply for specialized certification and/or licensure with state agencies or Boards, the term, which has been forgiven, might be used by the agency or Board to recalculate my cumulative GPA. This, in turn, could result in my being denied a license and/or certification to practice my desired profession and/or vocation.
3. I acknowledge that if I am receiving veteran's benefits and choose to erase an academic term which credit was granted, such an erasure could result in partial loss of future benefits.
4. I acknowledge that I will **NEVER**, at a later date, be permitted to revoke academic forgiveness and have this term reinstated on my academic transcript.

Signature: _____ Date _____

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Director of Academic Records _____

Approved _____ Not Approved _____ Date: _____