



Office of Undergraduate Studies, MSC #8
17 High Street, Plymouth, NH 03264-1595
Phone: 603-535-2235 Fax: 603-535-2877

APPLICATION FOR ACADEMIC BANKRUPTCY

NAME: _____ SS# _____

Current Address: _____

Telephone: _____

I, the undersigned, am applying for Academic Bankruptcy. I understand that under the provisions of the Academic Bankruptcy Policy the quality points for all courses taken seven or more years ago will be deleted from my cumulative grade point average, and that credits only for courses in which I received a grade of 'C' or better will be brought forward and allowed to satisfy program requirements. There will be a notation on my transcript:

ACADEMIC BANKRUPTCY APPROVED ON (DATE)

I also understand that Academic Bankruptcy can be granted only one time in my academic history at Plymouth State University.

Student Signature

Date

Approved Disapproved

Associate Vice President for Academic Affairs

Date