



PETITION FOR ACADEMIC BANKRUPTCY

This petition is to be submitted to the Office of the Registrar. It must be accompanied or preceded by a completed **Application for Admission** and the appropriate **Application Fee**. **Official transcripts of all prior college or university work** must also be on file before this Petition will be considered.

The deadline for consideration of this Petition for Academic Bankruptcy is **two weeks before** the intended semester of enrollment.

Name _____

Campus Wide ID Number _____

Address _____

Telephone _____

I, _____ (please print or type full name),
apply for Academic Bankruptcy to become effective with the beginning of the _____
semester of 20____.

I certify that I have not enrolled in a full-time or part-time capacity in any college or university during the past three calendar years. My last attendance in any college or university ended _____(mo./yr.).

I also certify that I have not declared Academic Bankruptcy at any time in the past.

I understand that the following conditions apply:

1. I will forfeit the use, for any purpose, all college or university credits earned prior to my declaration of Academic Bankruptcy.
2. My record will be inscribed with the notation "Academic Bankruptcy declared _____ by Northwestern State University. No courses taken prior to _____ (date) the declaration of Academic Bankruptcy will be used in the calculation of the student's grade point average and may not be used to fulfill requirements of any kind."
3. I will be ineligible for academic honors conferred by the University except as justified by my entire academic record.



4. I will be considered as an entering freshman and will be subject to all appropriate University regulations concerning placement and enrollment in introductory courses.
5. These policies regarding Academic Bankruptcy apply only to undergraduate study at Northwestern State University. If I apply to any other institution, I will be subject to its policies concerning my academic record.
6. This decision is final and irreversible.
7. My eligibility for financial aid could be affected by this declaration. If approved, please check with Financial Aid to determine your eligibility for aid.

Student's Signature _____ Date _____

(University Official's Use Only)

Verified _____ Date _____
(Registrar or Approved Official)

Counseled and Approved _____ Date _____
(Dean)