## SOUTHERN UNIVERSITY SHREVEPORT LOUISIANA Excellence • Integrity • Accountability • Service

## Office of Academic Affairs

Academic Amnesty Declaration

Processed by:

## **Policy Governing Academic Amnesty**

Any student who has not been enrolled at a college or university for three consecutive years may elect only once to deny all work attempted at a college or university prior to the three year period; and if you transfer, it may or may not be accepted by other institutions of higher learning. The three year period does not need to immediately precede the exercise of the option. The forgiven academic record will appear on the student's permanent record but will not be used in computing the student's grade point average. The only exceptions are to determine honors for graduation and eligibility for financial aid and/or scholarships. Academic Amnesty is final and irreversible.

The student must be officially enrolled at the University before applying for academic amnesty. The student must apply for academic amnesty or forgiveness of credit courses in the Office of Academic Affairs within one calendar year from the first date of enrollment or readmission. The declaration must be completed prior to the deadline for resigning from the University in the semester in which it is made. A decision to declare academic amnesty is final and irreversible.

For enrolled students who plan to matriculate into professional academic degree programs (i. e. allied health, nursing) at SUSLA, an exception of the 3 year requirement (only) may be waived with the appropriate approvals from the Program Director, Division Dean, and the Vice Chancellor for Academic Affairs. All other requirements to declare academic amnesty cannot be waived.

Date of Request:	Readmission Term: Fall Spring Summer Year:						
Name:	First	Middle		SUSLA ID# 9000			
	First	Miaa	ie				
Address: Street Address		City		State		Zip	
		SUSLA Skymail (Email):			@susla.skymail.ed		
Major:		Degree: AAS _					
Division: Allied Health an	d Nursing	- □ B	usiness, Ma	ath. Sciei	nce and To	echnology	
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Arts, Humanitie	s, Social Sc	ciences and Educa	tion				
I accept full responsibility for the Southern University at Shrevepo				•			pects of the
Student's Signature <u>:</u>					Date:		
				Approve	<b>D</b> 4		
Advisor's Signature:				Denied Approve	Date:		
Program Director's Signature:			=	Denied	Date:		
				Approve	<b></b>		
Academic Dean's Signature:				Denied	Date:		
			=	pprove			
Vice Chancellor's Signature: _				Denied	Date:		
3050 Martin Luther King, Jr. Drive		Phone: (318) 6	70-9315		Registra	ar's Office U	se Only
Shreveport, Louisiana 71107 www.susla.edu		FAX: (318) 6 registraroffice@s			Date Proce		
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