

ACADEMIC AMNESTY APPLICATION FORM

Name: _____ Former Name (if applicable): _____

Mailing Address: _____

City, State, Zip Code _____

Phone: () _____

E-mail: _____

UW Oshkosh ID # _____

Reentry/Transfer admission semester _____

Major at UW Oshkosh: _____

I wish to apply for Academic Amnesty for the following term(s):
(Terms must be consecutive; e.g. Fall 2000, Spring 2001, etc.)

- 1. _____
Term and Institution
- 2. _____
Term and Institution
- 3. _____
Term and Institution
- 4. _____
Term and Institution
- 5. _____
Term and Institution

- 6. _____
Term and Institution
- 7. _____
Term and Institution
- 8. _____
Term and Institution
- 9. _____
Term and Institution
- 10. _____
Term and Institution

- Additional terms attached
- Check if you have received a bachelor's degree

Please include a typed statement explaining why you are seeking academic amnesty and the reasons why you will be a successful student at UW Oshkosh. Please submit to Admissions Office, D135.

- I would like to request that I be given academic amnesty in accordance with the UW Oshkosh Academic Amnesty Policy. (see <http://www.uwosh.edu/registrar/policies/academicamnesty.php>)
- I certify that the term(s) listed above was/were completed at least five (5) years prior to desired term of admission to UW Oshkosh as a degree-seeking student.
- I understand that if academic amnesty is granted, the decision is final. At no time may I request a modification or that the amnesty be rescinded.
- I understand that by signing my amnesty application, I am agreeing to the above statements.

Student Signature Date

Office Use Only – Do not write below this line

Chair, Academic Standards Consideration Team Date

Amnesty posted by Date posted

- Amnesty Granted
- Amnesty Denied