UW OSHKOSH ACADEMIC AMNESTY APPLICATION FORM (2019)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Former Name (*if applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UW Oshkosh ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) E-mail (*UW Oshkosh preferred*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*□ I have included a statement explaining why I am seeking academic amnesty and reasons I will be a successful student.*

*□ I have not received a bachelor’s degree*

□ *I agree by signing below I have read and understand the terms of the* [*Academic Amnesty Policy*](https://www.uwosh.edu/registrar/policies/academic-amnesty-policy)*.*

Reentry or Transfer Admission Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terms to consider for Academic Amnesty (*Terms must be consecutive*)

**Single Term/Institution (***i.e. Spring 2013 UW Oshkosh***)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Term Range: Terms at Institution** (*i.e. Spring 2008 UW Oshkosh – Spring 2013*)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Student Signature Date

**Submit To:**

**Admissions Office, 135 Dempsey Hall,**

**800 Algoma Blvd. Oshkosh, WI 54901**

**Or email: admissions@uwosh.edu**

***Office Use Only – Do not write below this line***

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Chair, Academic Standards Consideration Team Date

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 Posted by Date posted

□ Granted □ Denied