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.

Reentry or Transfer Admission Semester: ______________ Intended Major: ______________

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

<table>
<thead>
<tr>
<th>Single Term/Institution (i.e. Spring 2013 UW Oshkosh)</th>
<th>Term Range: Terms at Institution (i.e. Spring 2008 UW Oshkosh – Spring 2013)</th>
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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

Chair, Academic Standards Consideration Team Date

Posted by __________________________ Date posted __________________________

☐ Granted ☐ Denied