UW OSHKOSH ACADEMIC AMNESTY APPLICATION FORM (2019)

First Name:	Last Name:	Former Name (<i>if applicable</i>):
Mailing Address:		UW Oshkosh ID #:
City:	_ State: Zip	Code:
Phone: ()		E-mail (UW Oshkosh preferred):
□ I have included a sta student. □ I have not received o	atement explaining why I am s a bachelor's degree	eeking academic amnesty and reasons I will be a successfu and the terms of the <u>Academic Amnesty Policy</u> .
Reentry or Transfer Admission Semester:		Intended Major:
Т	erms to consider for Academic	c Amnesty (Terms must be consecutive)
Single Term/Institution (i.e. Spring 2013 UW Oshkosh)		Term Range: Terms at Institution (<i>i.e. Spring 2008 UW Oshkosh – Spring 2013</i>)
1		1
2		2
3	F LAN	3
4		4
5		5
Student Signature		Date
Submit To:		
800 Algoma Bl	fice, 135 Dempsey Hall, vd. Oshkosh, WI 54901 issions@uwosh.edu	
A A	Office Use Only – I	Do not write below this line
Chair, Acade	mic Standards Consideration	Feam Date