

Academic Forgiveness Request Form

STUDENT INFORMATION:									
LAST NAME:						FIRST NAME:			
STUDENT ID:	Α							PROGRAM:	
EMAIL:									

The purpose of Academic Forgiveness is to allow a student, who has not performed well academically in the past, to receive Academic Forgiveness and exclude previous grades from the CGPA calculations. In order to qualify for Academic Forgiveness, a student must meet the following conditions:

- An application for Academic Forgiveness has not been requested previously.
- Student has been absent from a SMU Academic Program for at least 3 years and has completed at least 15 credit hours with a GPA of at least 2.0 since their return.

OR

• Student has officially changed their SMU Academic Program (i.e., BA to BSC) and has completed at least 15 credit hours with a GPA of at least 2.0 since the program change.

REQUEST FOR ACADEMIC FORGIVENESS IN THE FOLLOWING COURSES:							
TERM:		SUBJECT:		COURSE:			
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POLICY GUIDELINES:

- Transcript will include a notation of Academic Forgiveness for the courses in which they approved for academic forgiveness.
- Academic Forgiveness will only be applied to courses completed prior to the period of absence or degree/program switch.
- To be eligible to graduate, students must complete at least 50% of their degree/program after the term in which Academic Forgiveness is applied.
- Punitive grades assigned during the forgiveness period, due to cases of academic integrity, will not be exempt from CGPA calculations.
- If CGPA calculations of external awards, scholarships, etc. have set criteria, this policy does not apply in those specific cases.
- Students can only apply for Academic Forgiveness once.
- Academic Forgiveness will be reversed if a student transfers back to their initial program wherein Academic Forgiveness was applied.

Please submit completed form to records@smu.ca .							
I have read and understand	the above.						
STUDENT SIGNATURE:			DATE:				
FACULTY ADVISING OFFICE:							
APPROVAL GRANTED:	YES	NO	DATE:				
REPRESENTATIVE NAME:							
REPRESENTATIVE SIGNATURE:							
COMMENTS:							
OFFICE OF THE REGISTRAR:							
PROCESSED BY:			DATE:				