



athens State university

Records Office

REQUEST FOR ACADEMIC BANKRUPTCY

NAME: _____ SSN: _____
Last First Middle

ADDRESS: _____
Street/Box

_____ PHONE: _____ - _____ - _____
City State Zip

Semester(s) for which I am requesting academic bankruptcy:

	Semester	Year
1.	_____	_____
2.	_____	_____
3.	_____	_____

I understand that:

- a) I must meet requirements mandated by the Alabama State Board of Education as outlined in the current Athens State catalog;
- b) academic bankruptcy may be implemented only once;
- c) I may be liable for repayment of any federal financial aid funds, veterans benefits, or other forms of financial assistance.

Signature Date

This form must be approved by the registrar before academic bankruptcy can be implemented

For Office Use Only

approved disapproved

Date of Transcript Notation

Registrar

Date