



Request for Academic Bankruptcy

Name (print) _____ Student ID _____

Email _____ Primary Phone _____

Do you receive financial aid? Yes No

Do you receive veterans benefits? Yes No

In requesting Academic Bankruptcy, I understand that:

- *I must meet the requirements as specified in the University's policy on academic bankruptcy;*
- *I may only be granted academic bankruptcy once while a student at Athens State; and*
- *I may be liable for repayment of financial aid funds, veterans benefits, or other forms of financial assistance.*

I request academic bankruptcy for the following semester(s) (no more than 3 semesters):

Semester (Fall, Spring, Summer)

Year

Signature (required) _____ Date _____

For Office of Student Records Use Only

This Request for Academic Bankruptcy is:

Approved

Not Approved (attach explanation)

Signature (Registrar or designee) _____

Date _____