



## Request for Course Forgiveness

Name (print) \_\_\_\_\_ Student ID \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

Do you receive financial aid?                      Yes                      No

Do you receive veterans benefits?                      Yes                      No

*In requesting Course Forgiveness, I understand that:*

- *I must meet the requirements as specified in the University's policy on course forgiveness;*
- *I may only be granted course forgiveness for a maximum of two courses (not to exceed 8 semester hours) 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 course forgiveness for the following course(s) (no more than 2 courses):

<u>Course (Prefix, Number)</u>	<u>Semester (Fall, Spring, Summer)</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

### **For Office of Student Records Use Only**

This Request for Course Forgiveness is:

**Approved**

**Not Approved (attach explanation)**

Signature (Registrar or designee) \_\_\_\_\_

Date \_\_\_\_\_