

Academic Fresh Start

NAME:					_ <i>DOB</i> :		_ TSC II) :
	(Please prin	ıt)						
ADDRESS:	(Street)				PHONE <i>Home</i> : () -			
					_	Work	k: (<u>)</u>	-
	(City)		(State)	(Zip Code)		Cel	l : ()	-
E-MAIL:	Semester Attending:							
I request that earned 10 or r			ege not consi	ider any of my college	e academi	ic records on my to	ranscript that	t I enroll for which was
apply under th	he provisior	of this lav	v and my adr	a 51.931 of the Texas I mission as a student un or more years prior to	nder this l	law, I may not rece	eive any cour	at with my election to rse credit in transfer or
	d. I also und							demic Fresh Start has oursework earned 10 or
count. If a stu years ago. This means th	nat courses t Canr Canr Will	es the "Aca raken previous to be used not be coun not be cour	demic Fresh ously: to fulfill new ted toward a nted in new 0	v prerequisite requirer new degree; and G.P.A. calculations	dent will r	not receive any cre	edit for any c	ourses taken at least ten
credits earned	l. If the stud	ent earned	a graduate d	rds. When deciding elegree prior to enrolling to graduate students.				st still count all prior nic Fresh Start option,
Academic Ad	lvisor:					Da	ite:	
Financial Aid	Representa	tive:				Da	ite:	
Testing Repre	esentative:					Da	ite:	
Your Signate	ure below	will confi	rm that you	have read and unde	rstand th	ne policy regardin	ng Academi	ic Fresh Start.
STUDENT S	SIGNATU	RE:				DA	ATE:	
	This fo	rm can O	NLY be su	ıbmitted processed	at the C	Office of Admiss	sions and R	ecords
OFFICE of	the Adm	issions	and Reco	ords USE ONLY:		pproved	Denied	
Coordinator's	s Signature						Oate:	