Records and Registration St. Cloud Technical and Community College 1540 Northway Drive ST. CLOUD, MINNESOTA 56303 PHONE: (320)308-5075 FAX: (320)308-5909

Registration@sctcc.edu



A member of Minnesota State

APPLICATION FOR ACADEMIC FORGIVENESS

Last Name	First Name	
Student ID #	Email	@my.sctcc.edu
Provide years/terms requested for for	orgiveness:	
REQUIREMENTS FOR ACADEM	MIC FORGIVENESS:	
Community College for at lea forgiveness.	forgiveness may not have been enrolled ast 3 consecutive calendar years prior to forgiveness must have completed 12 or not better.	the point of requesting
 All D, F, FN, FW, NC or W grades calculate in the GPA and/or con The SCTCC transcript will continuously will no longer be calculated in t 	e following adjustments will be made is prior to the date of forgiveness will remain impletion rate. Indeed, to reflect the actual courses and grades, the GPA or completion rate, nor will those contion will indicate that Academic Forgiveness	on the transcript, but will no longe but the courses coded as forgiven ourses count toward graduation
PLEASE NOTE:		
	end to financial aid. All credits and all grades gress and maximum time frame calculations	
	t mean that transfer/receiving institutions wi ikely consider the entire transcript. It is the s	
Academic Advising Center Advisor Sign	ature	Date
Student Signature		Date _