Academic Forgiveness Petition

IU Northwest

Student's Name_____ Univ ID _____
(10 digit University ID number)

Email Address _____ Phone _____

Major:_____

I have read and understand the policy on the back of this form. I seek approval for forgiveness of the term(s) below.

_____ _____
Student's Signature Date

Return this form to your School office. Attach a copy of your unofficial transcript.

Term (semester and year) you last attended IU Northwest_____

Academic terms (semester/year) for which you are requesting forgiveness (select no more than two from the list below):

Fall: _____year	Fall: _____year
Spring: _____year	Spring: _____year
Summer Term	Summer Term
Session 1_____year	Session 1_____year
Session 2 _____year	Session 2 _____year

School Dean or Director's Comments:

_____
_____
_____
_____

_____ _____
Dean/Director's Signature Date

Action of Registrar: ____ Approved
____ Denied

Conditions:_____
_____

_____ _____
Registrar's Signature Date

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