

Academic Fresh Start Agreement

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____ Text Updates: ___ Yes ___ No

Student ID #: _____ Email address: _____

Program of Study: _____

NOTE: Students must apply for Academic Fresh Start (AFS) prior to and/or during the first semester of their return to WCCC after an absence of at least 5 consecutive years.

I understand and accept that: (students initial each)

_____ The Fresh Start option awards past credit for any course in which a grade of "C" or higher or "P" has been earned. No credit is awarded for grades below "C" or "F" in a pass/fail course.

_____ Current accumulative G.P.A. must be below 2.0.

_____ All past courses and grades remain on the transcript and are identified with a caret (^) next to each course. However, grades in these courses are not used in the GPA calculation. The GPA will be recalculated based on the approval of AFS.

_____ A minimum of 25% of the program's degree/certificate requirements must be taken and successfully completed through coursework at WCCC after the Fresh Start is awarded.

_____ The Fresh Start can only be awarded once and does not apply to any completed degree or certificate.

_____ Upon being granted the Academic Fresh Start, students must demonstrate ability to make Satisfactory Academic Progress. Failure to do so will result in enacting of the Satisfactory Academic Progress policy.

_____ Students should meet with the Financial Aid Office to ascertain whether Academic Fresh Start will affect their Financial Aid status.

_____ Students that have already previously received Academic Amnesty will be eligible to apply for Academic Fresh Start; however, once an Academic Fresh Start is granted, students will not be eligible for future Academic Amnesty requests.

This Academic Fresh Start will apply to credits earned during and prior to the semester of _____
Semester/Year

Student Signature: _____ Date: _____

Coordinator of Enrollment & Student Services: _____ Date: _____

For Office Use Only

Date _____ Initial _____