SOUTHERN UNIVERSITY SHREVEPORT LOUISIANA

Excellence • Integrity • Accountability • Service • Diversity

Office of Academic Affairs

Academic Amnesty Declaration

Policy Governing Academic Amnesty

Any student who has not been enrolled at a college or university for three consecutive years may elect only once to deny all work attempted at a college or university prior to the three year period; and if you transfer, it may or may not be accepted by other institutions of higher learning. The three year period does not need to immediately precede the exercise of the option. The forgiven academic record will appear on the student's permanent record but will not be used in computing the student's grade point average. The only exceptions are to determine honors for graduation and eligibility for financial aid and/or scholarships. Academic Amnesty is final and irreversible.

The student must be officially enrolled at the University before applying for academic amnesty. The student must apply for academic amnesty or forgiveness of credit courses in the Office of Academic Affairs within one calendar year from the first date of enrollment or readmission. The declaration must be completed prior to the deadline for resigning from the University in the semester in which it is made. A decision to declare academic amnesty is final and irreversible.

For enrolled students who plan to matriculate into professional academic degree programs (i. e. allied health, nursing) at SUSLA, an exception of the 3 year requirement (only) may be waived with the appropriate approvals from the Program Director, Division Dean, and the Vice Chancellor for Academic Affairs. All other requirements to declare academic amnesty cannot be waived.

Date of Request:_____ **Readmission Term:** ☐ Fall ☐ Spring ☐ Summer **Year:**_____

Name: _____ **SUSLA ID#** _____

Last *First* *Middle*

Address: _____

Street Address *City* *State* *Zip*

Phone: ( ) _____ **SUSLA Skymail (Email):** _____ **@susla.skymail.edu**

Major: Select One from the Dropdown Menu Below **Degree:** AAS ___ AGS ___ AS ___ CTS ___ CAS ___ TD ___

Division: ☐ Allied Health and Nursing ☐ Business, Math, Science and Technology

☐ Arts, Humanities, Social Sciences and Education

I acknowledge that I have not been enrolled at any college or university during the past three years. After consultation with my acaemic advisor, I am submitting this form, with a copy of my transcript, to declare academic amnesty for all work attempted at a college or university prior to the three year period. With my signature I accept full responsibility for the consequences of this academic amnesty request, and all other aspects of the Southern University at Shreveport (SUSLA) academic amnesty policy as stated in the SUSLA catalog.

Student's Signature:_____ **Date:**_____

Advisor's Signature: _____ ☐ Approve ☐ Denied **Date:**_____

Program Director's Signature: _____ ☐ Approve ☐ Denied **Date:**_____

Academic Dean's Signature: _____ ☐ Approve ☐ Denied **Date:**_____

Vice Chancellor's Signature: _____ ☐ Approve ☐ Denied **Date:**_____

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registraroffice@susla.edu

Registrar's Office Use Only
Date Processed:
Processed by: