

WEST VIRGINIA UNIVERSITY

OFFICE OF ADMISSIONS

PETITION for ADMISSION under ACADEMIC FORGIVENESS POLICY

Student Name: _____
Last First MI Maiden

Student ID Number:

Institution Last Attended: _____ Date Last Attended: _____

Student Statement: I verify that the above information is correct, that I have not attended any institution of higher education since the date stated above.

Student Signature: _____ Date: _____

**** FOR DEPARTMENTAL USE ONLY ****

Institutional (WVU) hours completed with grades of "D" or better: _____

Transfer hours completed with grades of "D" or better: _____

Program/College student wishes to enter: _____

Verification by Office of Admissions: _____

Approved: _____ Date: _____
Dean of the College or School

Approved: _____ Date: _____
Associate Provost for Academic Programs

**** FOR OFFICE OF ADMISSIONS USE ONLY ****

Effective Terms (ex. 201108): _____ From: _____ To: _____

Transfer Inst. # _____ Attendance Period(s) _____

Transfer Inst. # _____ Attendance Period(s) _____

Transfer Inst. # _____ Attendance Period(s) _____

Processed by Admissions: _____ Date: _____
Signature

Processed by Academic History: _____ Date: _____
Signature

PLEASE RETURN THIS FORM TO THE OFFICE OF ADMISSIONS