

UW OSHKOSH ACADEMIC AMNESTY APPLICATION FORM

Name: _____ **Former Name (if applicable):** _____

Mailing Address: _____

City, State, Zip Code _____

Phone: () _____

E-mail: _____

Social Security #: _____
(Only if you don't have your student id#)

UW Oshkosh ID # _____

Reentry/Transfer admission semester _____

Major at UW Oshkosh: _____

I wish to apply for Academic Amnesty for the following term(s):
(Terms must be consecutive; e.g. Fall 2005, Spring 2006, etc.)

- 1. _____
Term and Institution
- 2. _____
Term and Institution
- 3. _____
Term and Institution
- 4. _____
Term and Institution
- 5. _____
Term and Institution

- 6. _____
Term and Institution
- 7. _____
Term and Institution
- 8. _____
Term and Institution
- 9. _____
Term and Institution
- 10. _____
Term and Institution

- Additional terms attached*
- Check if you have received a bachelor's degree*

Please include a typed statement explaining why you are seeking academic amnesty and the reasons why you will be a successful student at UW Oshkosh. Please submit to Admissions Office, UW Oshkosh, 800 Algoma Blvd, Oshkosh, WI 54901.

- I would like to request that I be given academic amnesty in accordance with the UW Oshkosh Academic Amnesty Policy. (See <http://www.uwosh.edu/registrar/policies/academicamnesty.php>). **Note deadlines of when application must be turned in.***
- I certify that the term(s) listed above was/were completed at least five (5) years prior to desired term of admission to UW Oshkosh as a degree-seeking student.*
- I understand that if academic amnesty is granted, the decision is final. At no time may I request a modification or that the amnesty be rescinded.*
- I agree by signing below I have read and understand the terms of the academic amnesty policy.*

Student Signature

Date

Office Use Only – Do not write below this line

Chair, Academic Standards Consideration Team

Date

Amnesty posted by

Date posted

- Amnesty Granted**
- Amnesty Denied**