

Academic Amnesty Application

Name	Student ID#:					
Curren	nt Address:					
Daytin	ne Phone: E-mail:					
Date of	f Application:					
1.	Choose the reason for your application (please see Instructions page for definitions of Readmission versus Reinstatement):					
	I am seeking Readmission and I understand I must complete the separate application for readmission, by the published deadlines and meet all listed criteria.					
	I am seeking Reinstatement and I understand I must also submit a written appeal to the Committee for Academic Appeals					
2.	When did you last attend Kean University?					
	Semester Year					
3.	I understand that I must be away from Kean University for a minimum of two years to be eligible for amnesty. By checking below I certify (choose only one):					
	I have been away from Kean University for a minimum of 2 years and HAVE NOT attended another institution since my departure.					
	I have been away from Kean University for a minimum of 2 years and HAVE attended another institution(s) since leaving (you must also complete below and send official (sealed envelope from sending institution) transcripts from each institution listed below).					
Please	list all institutions, dates attended, and any degrees you have earned:					
	College/University Name Dates Attended Degree (if applicable)					
4.	What semester(s) are you seeking amnesty for? Semesters must be consecutive. If granted, all grades and credits for that(those) semester(s) will not be counted in your cumulative average, but the course(s) will remain on your permanent record.					

Semester _____ Year _____

to

5. If you are granted Academic Amnesty, and are reinstated/readmitted, what major will you be pursuing? **Please note**: this is for purposes of committee review only. If you are reinstated, you will need to fill out a Change of Major form upon re-enrollment (if you meet the required criteria). If you are seeking readmission, you must put this intended major on your application for readmission.

Check	one:	B.A.	B.F.A.	B.I.D.	B.S.	B.S.N.	Other degree		
Intend	ed Ma	jor							
6.	Reason for appeal (please check below as it applies to your situation):								
	You 1	must have	ademic Growth attended anoth at, official tran	her institution			versity (listed in question 4)		
	 Evidence of Personal Growth/ Resolution of Extenuating Circumstances (must provide relevant appropriately dated documentation). Personal Medical Issues (sample documentation can include, but is not limited to: doctor's notes, hospital bills, etc.) 								
			Family Medito, doctor's r		-		include, but is not limited		
				` 1			le, but is not limited to: id, new job, etc.)		
			Military Serventistment and	· ·		tion can includ	le, but is not limited to:		
					-	mentation can	n include, but is not limited s)		
			Other (please	e describe)					
					-		l and may not be appealed. I		

can apply for Academic Amnesty only once and the action is irreversible. I have attached all appropriate documentation to assist the committee in its deliberation. I understand an Application for Academic Amnesty does not guarantee approval. I understand that it is my responsibility to investigate if there are Financial Aid and/or Student Accounting implications for the amnesty and that it is my responsibility to resolve them with the appropriate office(s). I certify by signing that everything in this application is true.

Student's Printed Name		
Student's Signature		
	FOR COMMITTEE USE ONLY	
Accepted	Deferred	Denied

Chairperson signature

Original Admit Code