

Registrar's Office 2020 Riverside Drive Berlin, NH 03570 Fax: (603) 752-6335

ACADEMIC AMNESTY REQUEST FORM

INSTRUCTIONS

- 1. Complete ALL information below.
- 2. Return completed form to the Registrar's Office

PLEASE PRINT - Complete all information requested below

□ Fall □ Spring □ Summer Year		
NAME:	STUDENT A	
MAILING ADDRESS	PHONE NUMBERS	L L
Street or PO Box:	Primary Phone:	
City, State, Zip:	Cell Phone:	
TIME PERIOD FOR WHICH YOU ARE SEEKING		
EXPLANATION FOR SEEKING ACADEMIC AMNESTY		
By signing below, I understand that: 1. This request will be reviewed by the Vice President for Acad 2. If approved, all grades taken during the student's previous till student's new cumulative GPA. 3. Grades C- and above taken during the student's previous till requirements where appropriate, subject to the approval of the All previous grades will still appear on the student's transcription.	me at WMCC will no longer be used to calculate the me at WMCC will be used to meet course the VPAA.	
Student Signature:	Date:	
VPAA Signature:	Date:	
FOR REGISTRAR US	RE ONLY	
PROCESSED BY:	DATE:	