North Central State College GRADE FORGIVENESS REQUEST FORM

I request a review of my academic transcript and the application of the Grade Forgiveness Policy to my transcript.

Name:		Date:	
Address:		Student I.D. Number:	
		Phone No.:	
		E-mail:	dent e-mail address preferred)
Have you already received an associ	ate's degree f	rom North Central State Colleg	ge? 🗆 No 🗀 Yes
What is your current (active) major?			
Signed:			
	OFF:	CE USE ONLY	
Student change of program major	or occurred on		
		OR	
Absence of five consecutive ter and			term, year
Student meets requirement:		□ No	
2. Student has completed cr with a "C-" or better.	redit hours aft	er changing major or re-enroll	ing at NC State
Student meets requirement:	□ Yes	□ No	
3. Number of above completed cre-	dit hours in stu	udent's major credit ho	purs
Student meets requirement:	□ Yes	□ No	
4. Student has a cumulative GPA o	f at least 2.00	since re-enrolling or changing	major.
Student meets requirement:	□ Yes	□ No	
5. Student is seeking a degree/cert	tificate from N	orth Central State College.	
Student meets requirement:	□ Yes	□ No	
6. Student is enrolled in classes at	North Central	State College during this seme	ester.
Student meets requirement:	□ Yes	□ No	
7. Student has an associate's degre	ee; not eligible	to use Forgiveness Policy tow	vards courses in the degree. $\ \square$
This student qualifies for forgiveness	s of all grades	that are either "NP" or less tha (term, year).	n "C-" that were earned prior to
Chief Academic Officer		 Date	
Comments:			