REQUEST FOR ACADEMIC BANKRUPTCY

Name ____________________________________________

Last     First          Middle

Student ID Number________________________ Semester Last Attended________________________

Please check the appropriate academic bankruptcy option and list the semester(s) for which bankruptcy is being requested.

( ) Fewer than three (3) calendar years have elapsed since the semester for which I wish to declare bankruptcy, and I have taken a minimum of 18 semester credit hours of coursework at Wallace Community College since the bankruptcy semester occurred.

Bankruptcy semester ________________________________________________________________

( ) Three (3) or more calendar years have elapsed since the most recent semester for which I wish to declare bankruptcy, and I have taken a minimum of 18 semester credit hours of coursework at Wallace Community College since the bankruptcy semester occurred.

Bankruptcy semester(s) ______________________________________________________________

My signature below verifies my understanding of these bankruptcy implications: (1) all coursework taken, even hours completed satisfactorily, during the semester(s) for which bankruptcy is declared will be disregarded in the cumulative grade point average; (2) when academic bankruptcy is declared, the term ACADEMIC BANKRUPTCY will be reflected on the transcript for each semester affected -- no grades will be removed from the transcript; (3) implementation of academic bankruptcy at Wallace Community College does not guarantee that other institutions will approve such action; and (4) any successfully completed prerequisite course included in the bankruptcy semester(s) must be repeated if it is required for degree completion.

Student Signature__________________________________________ Date________________________

FOR OFFICE USE ONLY

Date form received ______________________ _____Approved _____Disapproved

Comments____________________________________________________

Registrar’s Signature_________________________________________ Date________________________

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