

Registration and Records
800 Main Street, Pewaukee, WI 53072
262.691.5280 (Phone)
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Academic Forgiveness Application

Name _____ Student ID # _____
Last First

Telephone # (_____) _____ Email _____

Address _____

City _____ State _____ Zip _____

Date _____

I have read the WCTC Academic Forgiveness Policy and understand the conditions which must be met to be considered for Academic Forgiveness.

1. My continuous break from credit-based coursework at WCTC (a minimum of two years) was from _____ to _____. (Please enter dates.)
2. Transcribed credit courses are eligible for academic forgiveness upon completion of 12 credits with a grade of C or better. No continuous break is required.
3. Since returning to WCTC, I have completed (minimum of 12) _____ credits. All completed courses have a minimum grade of C.
4. Have you previously been granted Academic Forgiveness? Yes No

Please describe the reason(s) you are requesting Academic Forgiveness.

Signature _____

Return to Registrar – C-019

Date received by the Registrar _____

Academic Forgiveness granted? Yes No

If no, for reason: _____

Registrar _____

Date _____

Former GPA _____

Adjusted GPA _____

