

WAUKESHA COUNTY TECHNICAL COLLEGE
ACADEMIC FORGIVENESS APPLICATION

Name _____ ID # _____

Address _____

Phone # _____ E-mail _____

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. Since returning to WCTC, I have completed (minimum of 12) _____ credits. All completed courses have a minimum grade of C.
3. Have you ever been granted academic forgiveness at WCTC?
Yes _____ No _____

Please describe the reason(s) you are requesting academic forgiveness.

Signature

Return to Registrar – C019P

Date Received by the Registrar _____

Conditions verified: Yes No

Academic Forgiveness Granted: Yes No

If no, reason: _____

Registrar

Date