REQUEST FOR ACADEMIC RESTART

INSTRUCTIONS: Student must submit this application through the Department of Academic Services, where it will be forwarded to the appropriate college. Once a decision is made by the College or Office of Academic Services, the decision is final. This is an online form. Please tab through the fields to complete; then print, sign, date, and forward as directed below.

SECTION ONE:

Name:                    Banner ID#        Cell Phone#
                       (Last, First, M.I.)        Home Phone#
Semester when you last attended SRU:       Non-SRU Email Address:
Contact Address:
Street                           City                     State        Zip

SECTION TWO:

• The last date I attended SRU was five or more years ago. Last date attended:
• I left Slippery Rock University after being academically suspended or dismissed
• I have completed the Application for Readmission and have been granted readmission to SRU

If you have answered yes to all three questions above, you MAY qualify for Academic Restart. Your application will be reviewed by the appropriate office. Please review Section Three of this form.*

SECTION THREE:

Under Academic Restart, all Slippery Rock University grades and credits for courses taken prior to reinstatement to the institution will not be applied to grade point average or credits earned calculations. All prior grades and credits will, however, still remain on the academic transcript and academic history. A student who is granted Academic Restart will be placed on provisional status for one semester of full-time study, or until he/she has attempted 15 semester hours if attending part-time. A student must achieve a minimum cumulative grade point average of 2.000 by the end of the provisional status. Failure to achieve the 2.000 minimum cumulative GPA will result in permanent dismissal from Slippery Rock University. A student may only be reinstated once under the Academic Restart program.

By signing below, I am indicating that I have read and understand the above provisions regarding my request for Academic Restart.

__________________________________________  ______________________
Signature       Date

* Students should contact the Office of Financial Aid to determine whether an Academic Restart will impact their financial aid package.

Return this form to:
Academic Services
106 Bailey Library
Slippery Rock University
Slippery Rock, PA 16057
Phone: 724.738.2012       Fax: 724.738.4497