

**Academic Amnesty Application**

**Date of Application**:Click or tap to enter a date.

**Name**: Click or tap here to enter text. **Student ID#**: Click or tap here to enter text.

**Current Address:** Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **E-mail:** Click or tap here to enter text.

1. Choose the reason for your application (please see Instructions page for definitions of Readmission versus Reinstatement)

[ ] *I am seeking Readmission and I understand I must complete the separate application for readmission by the published deadlines and meet all listed criteria.*

[ ]  *I am seeking Reinstatement and I understand I must also submit written appeal to the Committee for Academic Appeals.*

1. When did you last attend Kean University?

Semester: Click or tap here to enter text. Year: Click or tap here to enter text.

1. I understand that I must be away from Kean University for a minimum of two years to be eligible for amnesty. By checking below, I certify (choose one):

[ ]  *I have been away from Kean University for a minimum of 2 years and* ***HAVE NOT*** *attended any other institution(s) since leaving.*

[ ]  *I have been away from Kean University for a minimum of 2 years and* ***HAVE*** *attended another institution(s) since leaving.*

Please list all institutions, dates attended, and any degrees earned\*:

|  |  |  |
| --- | --- | --- |
| **College/University Name** | **Date Attended** | **Degree (if applicable)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\**send official transcript(s) in a sealed envelope from each institution listed above to the attention of Academic Amnesty Committee, Office of the Provost and Senior Vice President for Academic Affairs. Contact Chairperson for electronic delivery information.*

1. What semester(s) are you seeking amnesty for? Semesters must be consecutive. **If granted, all grades and credits for that (those) semester(s) will not be counted in your cumulative average, but course(s) will remain on your permanent record.**

**Semester:** enter **Year:** enter to **Semester:** enter **Year:** enter

1. If you are granted Academic Amnesty, and are reinstated/readmitted, what major will you be pursuing? **Please note:** this is for purposes of committee review only. If you are reinstated, you will need to fill out a Change of Major form upon re-enrollment (if you meet the required criteria). If you are seeking readmission, you must put this intended major on your application for readmission.

**Check one**: [ ]  B.A. [ ]  B.F.A. [ ]  B.I.D. [ ]  B.S. [ ]  B.S.N. [ ]  Other Degree enter

**Intended Major:** Click or tap here to enter text.

1. Reason for appeal (please check below as it applies to your situation):

[ ]  Check here to indicate the required letter of request stating why you should be awarded amnesty is attached.

[ ]  Evidence of Academic Growth:

You must have attended another institution since leaving Kean University (listed in question 4) and have current, official transcripts submitted to the committee.

[ ]  Evidence of Personal Growth/Resolution of Extenuating Circumstances (must provide relevant appropriately dated documentation).

[ ]  Personal Medical Issues (sample documentation can include, but is not limited to: Doctor’s notes, hospital bills, etc.)

[ ]  Family Medical Issues (sample documentation can include, but is not limited to: Doctor’s notes, death certificate, etc.)

[ ]  Financial Issues (sample documentation can include, but is not limited to: proof that outstanding bills have since been paid, new job, etc.)

[ ]  Military Service (sample documentation can include, but is not limited to: enlistment and discharge papers)

[ ]  Personal/Family Issues (sample documentation can include but is not limited to: court papers/legal documentation, police reports)

[ ]  Other (please describe in attachment)

I understand that the decision of the Academic Amnesty Committee is final and may not be appealed. I can apply for Academic Amnesty only once and the action is irreversible. I have attached all appropriate documentation to assist the committee in its deliberation. I understand an Application for Academic Amnesty does not guarantee approval. I understand that it is my responsibility to investigate if there are Financial Aid/Student Accounting implications for the amnesty and that it is my responsibility to resolve them with the appropriate office(s). I also understand that not all institutions, certifying agencies, etc. will accept Academic Amnesty. I certify by signing that everything in this application is true and I have read the Academic Amnesty Policy and Application instructions.

**Student’s Printed Name:** Click or tap here to enter text.

**Student’s Signature:** Click or tap here to enter text.

**FOR COMMITTEE USE ONLY**

[ ] Accepted [ ]  Deferred [ ] Denied

Original Admit Code: enter code Chairperson signature: Click or tap here to enter text.