



Academic Fresh Start Application

Office of the Registrar
PO Box 210060
Cincinnati, OH 45221-0060
Email: reginfo@uc.edu

The request for an Academic Fresh Start will be reviewed by the College and considered for conditional approval. Academic requirements (including at least a 2.0 or higher term GPA) will be determined and communicated by the College to the student upon conditional approval. Academic Fresh Start will only be applied to the student academic record after the College has certified that minimum requirements have been met as outlined.

Student Information

<i>First Name</i>	<i>Last Name</i>	<table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 15px; height: 25px;">M</td><td style="width: 15px; height: 25px;"></td><td style="width: 15px; height: 25px;"></td><td style="width: 15px; height: 25px;"></td><td style="width: 15px; height: 25px;"></td><td style="width: 15px; height: 25px;"></td><td style="width: 15px; height: 25px;"></td><td style="width: 15px; height: 25px;"></td></tr></table> <i>UCID</i>	M							
M										
<i>UC Email</i>	<i>Telephone</i>	<i>Current UC College</i>								

Attendance Information

Last Attendance

Readmission

Term *Year*

Term *Year*

Supplemental Application Information

Describe in detail the extenuating circumstances supporting your appeal. Depending on your college, this may or may not be required.

Acceptance of Terms

I understand that it is my responsibility to discuss the Academic Fresh Start option and review my academic record with my college academic advisor prior to submitting this application. I also understand that it is my responsibility to discuss my financial aid or other financial implications of an Academic Fresh Start with One Stop prior to submitting this application.

I hereby affirm that I understand and acknowledge the policy information provided at the top of this form. I also affirm that to the best of my knowledge all details and documents I have submitted in support of my appeal are complete and accurate. I acknowledge that a false statement on this application or any documents submitted will subject me to a nullification of the Academic Fresh Start, the recalculation of my UC cumulative grade point average to reflect all UC coursework for which I have been enrolled, and possible sanctions under the Student Code of Conduct.

Student Signature

Date (If Not Signing Digitally)

College Decision

This section is to be completed by the college after receipt of the application from the student.

College Supports This Application for Academic Fresh Start Effective

Term

Year

Credits Left to Degree

Number of Terms of Initial Enrollment

Conditional Approval Requirement to Be Met

By (Date)

Denied

Reason for Denial

Comments

College Signature

Date (If Not Signing Digitally)