



**Request for Academic Forgiveness**

**Policy Number: ESU-AA-2011-002**

To: University Registrar, East Stroudsburg University

The Academic Forgiveness Policy shall apply to undergraduate students who withdraw from East Stroudsburg University and seek readmission after a period of no less than three (3) years. Academic Forgiveness may only be applied once to an undergraduate student's academic record.

In order to gain benefit from the Academic Forgiveness Policy, the student must complete and sign below. The request must come from the student and will be implemented by the Student Enrollment Center once the application is approved. The complete [Undergraduate Academic Forgiveness Policy](#) is located on the university policies website.

Term/Session of Re-Entry: \_\_\_\_\_ Banner ID. No: \_\_\_\_\_

I, \_\_\_\_\_ am requesting the application of East Stroudsburg University's Academic  
(print first/last name)  
Forgiveness Policy by applied to my previous academic record at East Stroudsburg University.

Please provide the reason for your request:

\_\_\_\_\_  
\_\_\_\_\_

By signing this form, I acknowledge my application for Academic Forgiveness.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone

Please mail completed form to the address below: Geryl Kinsel, Associate Director/Records and Registration  
East Stroudsburg University  
200 Prospect Street  
Student Enrollment Center  
Zimbar-Liljenstein Hall  
East Stroudsburg, PA 18301  
Tel: 570-422-2811 / Fax: 570- 422-2850  
Email: [gkinsel@esu.edu](mailto:gkinsel@esu.edu)

**OFFICIAL TRACKING**  
Received By: \_\_\_\_\_ in Student Enrollment Center on \_\_\_\_\_. Approved on \_\_\_\_\_ by \_\_\_\_\_.