



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

OFFICIAL TRACKING
Received By: _____ in Student Enrollment Center on _____. Approved on _____ by _____.