



Right to an Academic Fresh Start Agreement

Student I.D. _____

Date _____

Student Name _____

Semester/Year Applied _____

I have reviewed, understood, and will accept the provisions of the right to an Academic Fresh Start Program. I acknowledge that I will not receive any credit for coursework completed 10 or more years prior to the semester indicated. I certify that I have provided a complete record of my academic history.

Signature of Student _____

Date _____

Office Use Only

Student Major/Program _____

AFS Effective Semester/year _____

Records included in Right to an Academic Fresh Start

Institution	Dates Attended	Dates Affected

Reviewed by Registrar or Designee _____

Computer Update: Date _____ By _____