



Office of Admissions & Records
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REQUEST FOR ACADEMIC BANKRUPTCY

Student Number/SSN _____ Date of Birth ____/____/____

Name _____
 (First) (Middle) (Last) (Maiden or Former)

Phone _____ Current Email Address _____

Address _____
 (Street or PO Box) (City) (State) (Zip)

Last Term Attended: _____ Term(s) to Bankrupt: _____

Comments:

Academic Bankruptcy

The student must have completed a minimum of twelve (12) semester hours since the bankruptcy semester occurred. All course work taken, even hours completed satisfactorily during the semester for which academic bankruptcy was declared, will be disregarded in the cumulative grade point average. When Academic Bankruptcy is declared, the term "ACADEMIC BANKRUPTCY" will be reflected on the transcript for each semester affected. A student may declare academic bankruptcy only once. Implementation of academic bankruptcy at this institution does not guarantee that other institutions will approve such action.

My signature below verifies my understanding of these Bankruptcy implications

 (Student Signature) (Date)

FOR ADMISSIONS USE ONLY:	
Hours completed since bankruptcy semester _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments: _____	
Registrar's Signature: _____ Date: _____	