



University of South Alabama
Office of the Registrar
Request for Academic Bankruptcy

Office of the Registrar
 390 Student Center Circle,
 Suite 1100
 Mobile, Alabama 36688-0002
 Telephone: (251) 460-6251

To Be Completed By Student

RE-ADMIT TERM: _____ YEAR: _____

I wish to declare academic bankruptcy. I understand that none of my previous USA credits will apply toward the completion of my degree requirements and the computation of my Grade Point Average. I also understand that the previous USA course work remains on my transcript. Furthermore, I understand that this election can be made **ONLY ONCE** in my academic career at USA and that it is **IRREVOCABLE**. **It is my responsibility to contact my academic dean for an interview.** I am aware that this action requires the dean's approval before it will become effective.

STUDENT'S SIGNATURE _____ **DATE** _____

For your information, **Financial Aid or V.A. recipients MUST contact the appropriate office concerning academic bankruptcy and its possible effect on financial aid/V.A. benefits.**

Please check if applicable: **Financial Aid** OR **Veteran**

Name: _____ JAG Number: _____

Address: _____

Telephone: _____

To Be Completed By Department/Dean's Office

USA Grade Point Average: _____ Last Date of Attendance at USA: _____

Recommendation for Academic Bankruptcy

_____ Approved	_____ Disapproved	_____ Student wishes to withdraw request
Comments: _____		
DEAN'S SIGNATURE _____		DATE _____

****NOTE:**

This student wishes to declare academic bankruptcy. After you have conferred with the student and reviewed his/her academic record, please forward the completed form with appropriate signature to the **Office of the University Registrar** for processing.