

REQUIREMENTS FOR APPLYING THE FORGIVENESS POLICY (Form will not be processed without proper signatures affixed)

Students must complete this form for courses retaken under the Forgiveness Policy. This form is a **BINDING AGREEMENT** between the student and Florida Tech and cannot be withdrawn once submitted. To be applied to the semester requested, the completed, signed form (student signature, signatures #1 and #2, and signature #3 if student has 90 or more earned credits) must be received by the Office of the Registrar no later than Friday of the 5th week of classes for Florida Tech Online students, and no later than Friday of the 12th week of classes for fall or spring semester and Friday of the third week before the end of regular classes for a summer term for all other students. Students with 90 or more credit hours, including transfer credits, credits by examination and all Florida Tech credits earned, may not apply the forgiveness policy to 1000- and 2000-level courses without the permission of the office of their academic dean (signature #3). ***Forgiveness Policy is not applicable to graduate courses/students.***

NAME _____ DATE _____
Last First

STUDENT ID NO. _____ MAJOR CODE _____ LOCAL PHONE NO. _____

By signing this form, I acknowledge that if I have 90 or more credit hours I may not apply the forgiveness policy to 1000- and 2000-level courses without the permission of the academic dean.

- Yes, *I have 90 or more credits, including transfer credits, credits by examination and all Florida Tech credits earned*, and the dean has signed this form
- No, *I do not have 90 or more credits, including transfer credits, credits by examination and all Florida Tech credits earned*, (no dean signature required)

Student Signature _____ Date _____

I REQUEST APPROVAL TO RETAKE THE FOLLOWING COURSE

_____ / _____ / _____ / _____ / _____
Original CRN Prefix Course No. Section Course Title

FOR WHICH I WAS PREVIOUSLY REGISTERED DURING _____ / _____ AND RECEIVED A LETTER GRADE OF _____
Term Year

Please check one: I plan to (re)take I have (re)taken during _____ / _____
Term Year

_____ / _____ / _____ / _____ / _____
New CRN Prefix Course No. Section Course Title

APPROVED: Signatures must be affixed in the order they appear on this form, beginning with the academic advisor and academic unit head.

1) Academic Advisor Signature _____ Date _____

Print Name _____

2) Academic Unit Head Signature* _____ Date _____

Print Name _____

*Academic Unit Head must approve the retaking of a course for the second or subsequent time.

3) College Dean Signature* _____ Date _____

Print Name _____

*College dean must approve the retaking of 1000- and 2000-level courses by students with 90 or more credits, including transfer credits, credits by examination and all Florida Tech credits earned.

DENIED: College dean may deny request

College Dean Signature _____ Date _____

Print name _____

Reason for denial:

REGISTRAR'S USE ONLY

Processed by _____ Date _____

Florida Institute of Technology ■ Office of the Registrar