

**GRAMBLING STATE UNIVERSITY
APPLICATION FOR ACADEMIC BANKRUPTCY**

Semester:

Fall Spring Summer 20_____

Date of Application: _____

Return the completed application to:

Registrar's Office
Grambling Hall, Suite 18
P.O. Box 589
Grambling, LA 71245
(318) 274-2385

Please type or print clearly using dark or black ballpoint pen. Please attach documentation to show why you feel you should be granted approval

1. Name: _____
Last First M. L. Maiden Student ID #/Social Security Number

2. Current Mailing Address: _____
St., Box or Rt. City State Zip Code

3. Permanent Address: _____
St., Box or Rt. City State Zip Code

4. Telephone Number: () _____ Cell Phone () _____ E-mail: _____

5. Date of Last enrollment at Grambling State University or any other institution:
Fall Spring Summer _____
(Year)

As an applicant for academic bankruptcy, I understand that all previous course work completed at Grambling State University; another institution within the University of Louisiana System; or any other Postsecondary institution (private or public) of higher learning will not be credited toward a degree program. I will resume my studies at Grambling State University as a beginning freshman inclusive of completing an application for undergraduate admissions. I will be governed by all academic and/or university policies that are in effect at the time of this request.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

Previous College/ University: _____ Clearinghouse Verified: _____

Official Transcript: YES [] NO []

Financial Obligation to GSU: YES [] NO []

Last GPA: _____

Previous Major: _____

This applicant has [] has not [] met the requirements for academic bankruptcy and as such, this applicant is approved [] not approved [].

University Registrar

Date