

# **Academic Forgiveness Petition**

## **College of Agriculture - Kansas State University**

**\*\*RETURN THIS PETITION AND THE REQUIRED INFORMATION IN STEPS ONE THRU THREE BELOW TO 117 WATERS HALL BY THE APPROPRIATE DUE DATE\*\***

**Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Date of Extenuating Circumstance:** \_\_\_\_\_

\_\_\_\_\_

**Semester(s) requesting forgiveness:** \_\_\_\_\_  
(Limit of up to 2 consecutive semesters)

**Current Address:** \_\_\_\_\_

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**Current Telephone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Please attach a document that addresses the following:**

1. Briefly describe your extenuating circumstance and explain specifically how it impacted your academic performance.
2. Describe what steps took to address the impact of your extenuating circumstances on your academic performance.
3. If necessary, please include any relevant documentation confirming the extenuating circumstances.

*Please note that students may apply only once and the process cannot be reversed.*

**Advisor Signature:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

**Academic Dean Signature:** \_\_\_\_\_