

To Be Completed By Student

5 (\$ ' 0 , 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.