

FRESHMAN FORGIVENESS APPLICATION FORM

Form must be submitted to the Registrar **prior** to the first Friday of the semester you are planning to repeat the course.

Name: _____ Student I.D.# _____

You have requested to retake a course under the Freshman Forgiveness Policy. This policy applies to students who entered Fall of 2004 or later. This policy allows you to retake a course providing the following conditions are met:

1. The original course must have been taken in the **first 32 semester hours of your academic career. This includes coursework that you earned at institutions other than Baldwin-Wallace College.** By initialing this paragraph and signing this form, you confirm that you understand that this decision is irreversible.
_____ Your Initials
2. You must retake the course at Baldwin-Wallace in the semester that **immediately follows** the first attempt. If the course is not offered in that semester, or is closed at the time of your registration, then you must retake it in the **first available** semester following the first attempt. If the course is not offered again, a substitute course **may not** be used. By initialing this paragraph and signing this form, you confirm that you understand that this decision is irreversible.
_____ Your Initials

Consequences of retaking a course will impact your transcript and future course scheduling as outlined below:

- A. The grade that you earned on your first attempt will be included in your GPA until the second attempt grade is earned. At that time the first attempt will be designated with an * sign and the credit hours for the course will be changed to 0 [zero]. It will no longer be used to calculate your **GPA**. Your GPA will be calculated with the grade obtained in the second attempt, even if it is lower than the first attempt. By initialing this paragraph and signing this form, you confirm that you understand that this decision is irreversible.
_____ Your Initials
- B. A minimum of 124 hours, the College Core, a major (and a minor for students entering Fall 2005 or later) are needed to **graduate** and it may take you longer to complete these items. By initialing this paragraph and signing this form, you confirm that you understand that this decision is irreversible.
_____ Your Initials
- C. In order to retain your eligibility for Federal and State **Financial Aid**, in the semester during which you are retaking a course, you must carry 12 credit hours **in addition** to the credit hours of the course you are retaking, unless you failed the course the first time and never received academic credit for taking the course. [If you are not sure about the type of financial aid you are getting, please make sure you talk to the Financial Aid Office before submitting this form]. By initialing this paragraph and signing this form, you confirm that you understand the Financial Aid implications of your decision.
_____ Your Initials

D. In order to retain your **eligibility to play sports and/or live on campus**, in the semester during which you are retaking a course, you must carry **12 credit hours in addition** to the credit-hours of the course you are retaking. By initialing this paragraph and signing this form, you confirm that you understand the implications of your decision on your eligibility to play sports. _____ Your Initials

E. If you were placed on **probation or suspension** due to your poor grade(s), this notation will remain on your transcript, regardless of the grades you subsequently earn in the course you decide to retake. Moreover, if you were placed on suspension, you must be away from the college for at least one semester before you may apply for reinstatement. By initialing this paragraph and signing this form, you confirm that you understand that the academic sanctions that you were given are not removed from your transcript. _____ Your Initials

Original Course Information:

Semester/Year Course Department Course # Section #

Re-registration Course Information:

Semester/Year Department Course # Section #

Signed: _____ Date: _____

Printed Name: _____ Student I.D.# _____

Campus Email Address: _____ @mail.bw.edu

Advisor Approval

Registrar Approval

Print name

Signature

Signature

Date

Date