



# GRADUATE ACADEMIC FORGIVENESS REQUEST FORM

Registrar's Office • 2800 W Gore Blvd • Lawton, OK 73505 • 580.581.2238 • [registrar@cameron.edu](mailto:registrar@cameron.edu)

**Please complete this form and return via email to the Registrar's Office at [registrar@cameron.edu](mailto:registrar@cameron.edu) or in person in North Shepler, Room 205.**

By signing this form, I understand and agree to the following:

1. Students may repeat up to nine (9) credit hours of graduate level coursework for Academic Forgiveness.
2. Courses approved for Academic Forgiveness will be notated with an "E" on the academic transcript to indicate they are excluded from the calculation of the graduation/retention GPA.
3. All courses and grades repeated beyond the (9) credit hour limit will remain on my academic transcript and in the calculation of my cumulative GPA.
4. Any statements of Academic Probation or Suspension will remain on my transcript.

Student's Name \_\_\_\_\_ CU ID # \_\_\_\_\_

I am requesting the following course grades be excluded from GPA calculations:

Semester	Year	Class	Grade

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*For Office Use Only\*\***

Qualifies for Academic Forgiveness       Does not qualify for Academic Forgiveness

Remarks: \_\_\_\_\_

Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_