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Academic Amnesty Application

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KEAN UNIVERSITY

Academic Amnesty Application

Date of Application: _____

Circle one: Mr., Mrs., Ms. Name _____ Student ID#: _____

Current Address: _____

Daytime Phone: _____ E-mail: _____

1. Choose the reason for your application (please see Instructions page for definitions of Readmission versus Reinstatement):

_____ I am seeking Readmission and I understand I must complete the separate application for readmission, by the published deadlines and meet all listed criteria.

_____ I am seeking Reinstatement and I understand I must also submit a written appeal to the Committee for Academic Appeals

2. When did you last attend Kean University?

Semester _____ Year _____

3. I understand that I must be away from Kean University for a minimum of two years to be eligible for amnesty. By checking below I certify (choose only one):

_____ I have been away from Kean University for a minimum of 2 years and **HAVE NOT** attended another institution since my departure.

_____ I have been away from Kean University for a minimum of 2 years and **HAVE** attended another institution(s) since leaving.

Please list all institutions, dates attended, and any degrees you have earned*:

College/University Name	Dates Attended	Degree (if applicable)
_____	_____	_____
_____	_____	_____

**send official transcript(s) in a sealed envelope from each institution listed above to the attention of the Academic Amnesty Committee, Office of the Vice President for Academic Affairs.*

4. What semester(s) are you seeking amnesty for? Semesters must be consecutive. **If granted, all grades and credits for that(those) semester(s) will not be counted in your cumulative average, but the course(s) will remain on your permanent record.**

Semester _____ Year _____ to Semester _____ Year _____

5. If you are granted Academic Amnesty, and are reinstated/readmitted, what major will you be pursuing? **Please note:** this is for purposes of committee review only. If you are reinstated, you will need to fill out a Change of Major form upon re-enrollment (if you meet the required criteria). If you are seeking readmission, you must put this intended major on your application for readmission.

Check one: ___B.A. ___B.F.A. ___B.I.D. ___B.S. ___B.S.N. ___Other degree_____

Intended Major _____

6. Reason for appeal (please check below as it applies to your situation): **Application must include a formal letter of request stating why you should be awarded amnesty.**

_____ Evidence of Academic Growth:

You must have attended another institution since leaving Kean University (listed in question 4) and have current, official transcripts submitted to the committee.

_____ Evidence of Personal Growth/ Resolution of Extenuating Circumstances (must provide relevant appropriately dated documentation).

_____ Personal Medical Issues (sample documentation can include, but is not limited to: doctor's notes, hospital bills, etc.)

_____ Family Medical Issues (sample documentation can include, but is not limited to, doctor's notes, death certificate, etc.)

_____ Financial Issues (sample documentation can include, but is not limited to: proof that outstanding bills that have since been paid, new job, etc.)

_____ Military Service (sample documentation can include, but is not limited to: enlistment and discharge papers)

_____ Personal/Family issues (sample documentation can include, but is not limited to: court papers/legal documentation, police reports)

_____ Other (please describe in attachment)

I understand that the decision of the Academic Amnesty Committee is final and may not be appealed. I can apply for Academic Amnesty only once and the action is irreversible. I have attached all appropriate documentation to assist the committee in its deliberation. I understand an Application for Academic Amnesty does not guarantee approval. I understand that it is my responsibility to investigate if there are Financial Aid and/or Student Accounting implications for the amnesty and that it is my responsibility to resolve them with the appropriate office(s). I also understand that not all institutions, certifying agencies, etc. will accept Academic Amnesty. I certify by signing that everything in this application is true and I have read the Academic Amnesty Policy and Application instructions.

Student's Printed Name _____

Student's Signature _____

FOR COMMITTEE USE ONLY

_____ Accepted

_____ Deferred

_____ Denied

Original Admit Code _____

Chairperson signature _____