

University of South Alabama
Office of the Registrar
Request for Academic Bankruptcy

Office of the Registrar
390 6 W X G H Q W & H Q W H U
Suite 1100
Mobile, Alabama 36688-0002
Telephone: (251) 460-6251

To Be Completed By Student

5 (\$ ' 0 , 7 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 Numberd</MCID49 122o50004C00460003002500
