

**Academic Renewal Petition Form**

The student shall complete the information in the box below and hand carry or mail the form to the Office of the Dean of Students.

Last Name	First	M.I.	NOVA ID Number
Street Address			Former Name
City	State	Zip Code	Telephone Number

In accordance with the policy published in the current NOVA *Catalog*, I believe that I meet the following eligibility requirements for "Academic Renewal" and hereby petition to have my cumulative grade point average (GPA) adjusted accordingly:

- 1) I have been separated from the college for (at least) 60 months from \_\_\_\_\_ to \_\_\_\_\_, and  
(month/year) (month/year)
- 2) I have earned (at least) a 2.5 grade point average for the first twelve credits completed after re-enrolling from my 60-month separation. A 2.5 GPA must be achieved based upon a calculation of all courses and attempts within the qualifying period of re-enrollment.

I understand that in receiving an Academic Renewal adjustment to my cumulative GPA the following conditions apply:

- an Academic Renewal adjustment may be granted only one time and cannot be revoked;
- although my cumulative GPA will be adjusted in future terms, all of my previously earned grades and cumulative GPA will still be shown on my permanent record;
- any course credit with a grade of "D" earned prior to the Academic Renewal adjustment period will not count toward future graduation requirements;
- an "Academic Renewal" notation will be made on my official academic transcript and permanent student record; and
- the granting of Academic Renewal does not affect any previous or future academic, financial, or administrative determination made by the College.

Signature	Date
-----------	------

**Approval:**

Date received: \_\_\_\_\_ Petition Approved \_\_\_\_\_ Petition Denied \_\_\_\_\_

Reason(s) for denial:

- prior degree or certificate completion
- GPA below 2.5 for the adjustment period
- fewer than 12 credits completed
- not enrolled beginning on or after summer 1994
- separation from NOVA less than 60 months
- academic renewal previously granted
- other: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Dean of Students

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Signature of Dean of Students or Designee

\_\_\_\_\_  
Date

Dean: Please return this completed form in its entirety to the Student Services Center.

Date Scanned: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Linked: \_\_\_\_\_ Initials: \_\_\_\_\_