



Wallace Community College

Wallace Campus at Dothan, Sparks Campus at Eufaula

REQUEST FOR ACADEMIC BANKRUPTCY

Name _____
Last First Middle

Student ID Number _____ Semester Last Attended _____

Please check the appropriate academic bankruptcy option and list the semester(s) for which bankruptcy is being requested.

- () Fewer than three (3) calendar years have elapsed since the semester for which I wish to declare bankruptcy, and I have taken a minimum of 18 semester credit hours of coursework at Wallace Community College since the bankruptcy semester occurred.

Bankruptcy semester _____

- () Three (3) or more calendar years have elapsed since the most recent semester for which I wish to declare bankruptcy, and I have taken a minimum of 18 semester credit hours of coursework at Wallace Community College since the bankruptcy semester occurred.

Bankruptcy semester(s) _____

My signature below verifies my understanding of these bankruptcy implications: (1) all coursework taken, even hours completed satisfactorily, during the semester(s) for which bankruptcy is declared will be disregarded in the cumulative grade point average; (2) when academic bankruptcy is declared, the term **ACADEMIC BANKRUPTCY** will be reflected on the transcript for each semester affected -- **no grades will be removed from the transcript**; (3) implementation of academic bankruptcy at Wallace Community College does not guarantee that other institutions will approve such action; and (4) any successfully completed prerequisite course included in the bankruptcy semester(s) must be repeated if it is required for degree completion.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Date form received _____ Approved _____ Disapproved _____

Comments _____

Registrar's Signature _____ Date _____