



TEXARKANA COLLEGE

Office of Admissions

Academic Fresh Start Student Provision Request Form

I, _____,
(NAME – PLEASE PRINT) (SSN/TC ID Number)

Wish to apply for Academic Fresh Start. I certify that I was not registered in any capacity (full-time, part-time, extramural, etc.) at any college or university during a period of at least ten years beginning _____ and ending _____.

DOB ____ / ____ / ____

Phone _____

I am applying for this provision as a: _____ Transfer Student
_____ Former Texarkana College Student
Please indicate last semester and year attended ____ / ____

I understand that the following criteria would apply to the status of my record.

1. I will forfeit the use for degree purpose at TC all college or university credit earned prior to the date on which I qualified for academic fresh start by not having been enrolled in college or university courses for a period of at least ten years.
2. My record will be inscribed with the note "Academic Bankruptcy". All credits attempted and earned prior to this date will not be used in computing grade point average or for meeting requirements for graduation.
3. Acceptability of this policy by colleges other than TC is solely at the discretion of the receiving institution.
4. I will be placed on probation; if I earn at least a C average during my first semester or session of attendance at TC after declaring academic fresh start, I will be removed from probation. From that period I will be subject to the scholastic regulation as stated in the TC catalog.
5. I shall be ineligible for academic honors conferred by TC except as justified by my entire record.
6. This decision is final and irreversible.

Student Name [Please Print]

Student Signature

Director of Admissions

DATE