



# Application for Academic Renewal

I request Academic Renewal for the following semester/s and years/s:  
 (students may apply for a maximum of two (2) semesters of course work or three (3) quarters taken at any college)

- Spring     Summer     Fall     Winter    Year: \_\_\_\_\_  
 Spring     Summer     Fall     Winter    Year: \_\_\_\_\_

Student I.D. Number:		
Name:		
Address:		
City:	State:	Zip:
Phone: (    )	Mobil Phone: (    )	
E-mail address:		

*If you are not certain that you qualify for academic renewal, please consult with a counselor before submitting your application.*

**Please note:** Academic Renewal: 1) Does not replace courses that have been repeated, 2) Does not replace W's, 3) Does not remove grades from official transcripts (Grades remain part of your record, but a notation will be placed next to that grade indicating academic renewal), and 4) Does not take into account courses taken at another college to meet the 24 units requirement.

I understand the Academic Renewal Policy as stated in the College of the Canyons catalog and meet the required criteria as follows:

- The coursework to be disregarded is substandard (semester/quarter GPA is less than 2.0).
- A minimum of 24 semester units have been completed at College of the Canyons with a GPA of a least 2.0, *subsequent* to the coursework to be disregarded.
- At least 3 (three) calendar years have elapsed since the most recent coursework to be disregarded.

\_\_\_\_\_ (Student Signature) \_\_\_\_\_ (Date)

<b>For Official Use Only:</b>	
___Approved    ___Denied	Comments/Recommendation: _____
_____	
_____	
_____	
_____	_____
(Signature of Counseling Department Chair or Designee)	(Date)
_____	_____
(Signature of Dean, Student Services)	(Date)