



## Academic Forgiveness Request

Minnesota North College  
Records Office  
1515 East 25<sup>th</sup> Street  
Hibbing, MN 55746  
Phone (Local): 218.293.6850  
Phone (Toll free): 888.223.8068

### GRADE FORGIVENESS POLICY

Academic forgiveness provides an undergraduate student a one-time opportunity for a second chance at academic success by establishing a new grade point average. The Academic Forgiveness Policy acknowledges that sometimes students' academic careers can be negatively impacted by various factors, thereby limiting future academic opportunities. It is intended for students who are now in a better position to achieve their educational goals and would benefit from a fresh start to part or all of their Minnesota North College academic record.

For purposes of this policy, Minnesota North College includes the legacy institutions of Hibbing Community College, Itasca Community College, Mesabi Range College, Rainy River Community College, and Vermilion Community College.

**The student must meet with a Minnesota North College counselor/adviser to review their academic history and transcript along with the Academic Forgiveness Policy (AFP) criteria.** If the student meets the AFP criteria, the student will complete this Academic Forgiveness Request form and submit it to the Registrar's Office. The form must be signed by both the student and a counselor/adviser in order for the request to be considered. The request will be reviewed by the Registrar's office, and the student will be notified of a decision within two weeks of submission.

**NOTE:** The eligible student has a one-time opportunity to identify a specific term prior to the 3-year period of absence, where the student can "draw the line." All term grades earned prior to this point in time will be excluded from the GPA calculation. Excluded courses will still be considered for the determination of Financial Aid eligibility. (See *Minnesota North College's website for the full Academic Forgiveness Policy.*)

### STUDENT INFORMATION

Student Star ID: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### ACADEMIC INFORMATION

Date/term for which you are requesting grade forgiveness: \_\_\_\_\_

*By signing below, I acknowledge that I have read and understand the Minnesota North College Academic Forgiveness Policy.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor/Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

The student's request for academic forgiveness has been reviewed and the following action has been taken:

\_\_\_\_\_ Request Granted \_\_\_\_\_ Request Denied Date Processed \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Registrar*