

## **ACADEMIC RENEWAL**

| Name   | Student ID #  |  |
|--|---|--|
| Address  | Major   |  |
| Email  | Advisor   |  |
| Lander Institutional GPA  When do you expect to return?  | Last date of attendance at Lander   | _  |
| (mark one)   | ing Summer Year:  |  |
| Reason(s) for requesting academic renewal:   |   |  |
| undergraduate who has been away from Lander Univers 2.000 I understand that should this be approved, I will be adjusted. All previous hours carried and quality points w D will be taken away, retaining all hours earned for grattempted will be given for grades of D and F (including | the first semester of my return to Lander University. It sity for at least three years with an institutional GPA of least placed on Academic Probation and my Lander transcript will be removed. In addition, all hours earned for Lander grades of A, B, C, and P. No previous hours earned, carring grades - FA, NA, NC, WF, and WN). There will be no inscript with an appropriate notation of the irreversible action of graduation with academic honors. | ess than<br>t will be<br>rades of<br>ied, and<br>o loss of |
| 5ignature  |   |  |
| Approval Disapproval   |   |  |
| Approval Disapproval Registrar's Signature   | Date Date   |  |
| Comments:  |   |  |

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