



**FORGIVENESS OPTION  
(For Undergraduate Students Only)**

Since exercising the forgiveness option is an important move and has serious implications, you are required to discuss alternatives with your academic advisor before your request will be processed. You must choose either Option 1 or Option 2, and are allowed to exercise either forgiveness option only once over all time. Once granted, the forgiveness option is permanent. Please note that all work for the semester you designate will be removed from the computation of your cumulative GPA.

1. Name (Please Print) \_\_\_\_\_
2. University Identification Number (UIN) \_\_\_\_\_
3. First Semester of Enrollment at Tarleton State University \_\_\_\_\_
4. Semester to be removed from GPA calculation \_\_\_\_\_
5. Check the option of your choice (only one)

\_\_\_\_\_ A. Option 1 - The semester indicated in #4 (above) must be 5 years before current enrollment

\_\_\_\_\_ B. Option 2 – The number of hours attempted at Tarleton is ninety or more

---

**Student:** I am an undergraduate student currently enrolled at Tarleton. I understand that this request will only be considered for processing after the census date (typically the 12<sup>th</sup> class day of the semester). I have checked the information above and verify that it is correct. I understand that no changes or additions are possible.

I further understand that course numbers and grades from the semester specified in #4 will continue to appear on my transcript and that no courses from that semester may be used to satisfy any requirements on a degree plan at Tarleton. I also understand that the changes in GPA resulting from this request will not appear on my transcript until the next time semester grades are entered for the entire university.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

---

**Advisor:** Having reviewed the student’s academic transcript and degree plan, and having discussed the student’s stated purpose for this request, I support this request in the best interest of the student.

\_\_\_\_\_  
Advisor Name (Please Print)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

Registrar’s Office Approval \_\_\_\_\_

Date of Processing \_\_\_\_\_