



White Mountains
Community College

Registrar's Office
2020 Riverside Drive
Berlin, NH 03570
Fax: (603) 752-6335

ACADEMIC AMNESTY REQUEST FORM

INSTRUCTIONS

1. Complete ALL information below.
2. Return completed form to the Registrar's Office

PLEASE PRINT – Complete all information requested below

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	
NAME:	STUDENT ID: A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MAILING ADDRESS	PHONE NUMBERS
Street or PO Box:	Primary Phone:
City, State, Zip:	Cell Phone:
TIME PERIOD FOR WHICH YOU ARE SEEKING	
<input type="text"/> <input type="text"/>	

EXPLANATION FOR SEEKING ACADEMIC AMNESTY
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

By signing below, I understand that:

1. This request will be reviewed by the Vice President for Academic Affairs (VPAA).
2. If approved, all grades taken during the student's previous time at WMCC will no longer be used to calculate the student's new cumulative GPA.
3. Grades C- and above taken during the student's previous time at WMCC will be used to meet course requirements where appropriate, subject to the approval of the VPAA.
4. All previous grades will still appear on the student's transcript even though they are not calculated in the new GPA.

Student Signature: _____ **Date:** _____

VPAA Signature: _____ **Date:** _____

FOR REGISTRAR USE ONLY	
PROCESSED BY:	DATE: