

**NEW RIVER COMMUNITY AND TECHNICAL COLLEGE
ACADEMIC FORGIVENESS REQUEST FORM**

Date _____ Student ID Number _____

Student Name _____ Major _____

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I affirm I have not been enrolled in college on a full-time (12 or more credit hours) basis at any higher education institution for a period of four (4) consecutive years immediately preceding my current admission at New River Community and Technical College and that I have been fully admitted to New River as a degree seeking student and have not been awarded my first academic degree.

List the period of time you were not enrolled in a higher education institution

_____ through _____

(List period of time you were not enrolled in higher education month/year through month/year.)

Please check your choice of evaluation

☐

I wish all D and F grades earned before the time period listed above that do not meet the intent of the D/F repeat rule to be exempted from my GPA calculation for graduation purposes only. All D grades that are exempted will not be used for credit towards graduation requirements. While the exempted grades and credits are excluded from transcript calculations, they remain as part of the official transcript and academic record.

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I wish all F grades earned before the four year time period listed above that do not meet the intent of the D/F repeat rule to be exempted from my GPA calculation for graduation purposes only. All D grades previously earned will be used for credit toward graduation requirements and cumulative grade point average calculation. While the exempted grades and credits are excluded from transcript calculations, they remain as part of the official transcript and academic record.

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

Student Signature

Date

Date to Registrar _____

Date of Admission _____

Current Student _____ (yes/no)

Confirmation 4 yr of inactivity _____ (yes/no)

Major _____

12 hr with $\geq$ GPA 2.0 _____ (yes/no)

Eligible for Forgiveness _____ (yes/no)

Date Forgiveness granted _____

Registrar Signature

RO 10/05/2026

To submit this form:

Email: jschofield@newriver.edu | **Fax:** 304-929-0200 | **Mail:** 280 University Drive, Beaver, WV 25813