



**Cheyney University of Pennsylvania**  
**Office of the Registrar**  
1837 University Circle  
Cheyney, Pennsylvania 19319-0200  
610-399-2225  
[www.cheyney.edu](http://www.cheyney.edu)  
[registrar@cheyney.edu](mailto:registrar@cheyney.edu)

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**ACADEMIC FORGIVENESS FORM**

The Academic Forgiveness Policy shall apply to undergraduate students who are not currently enrolled at Cheyney University and who seek readmission after a period of no less than three (3) years. Academic Forgiveness may only be applied once to an undergraduate student's academic record.

In order to gain benefit from the Academic Forgiveness Policy, the student must complete and sign below. The request must come from the student and will be reviewed and processed by the Office of the Registrar once the application is approved.

Term of Re-Entry: \_\_\_\_\_ Cheyney ID: \_\_\_\_\_

I, \_\_\_\_\_ am requesting the application of Cheyney University's  
(print first/last name) Academic Forgiveness Policy be applied to my previous  
academic record at Cheyney University.

Please provide the reason for your request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form, I recognize and will adhere to the following:

- Submission of a Readmit Application to the Office of Admission.
- Submission of a Satisfactory Academic Progress (SAP) appeal to the Student Financial Services office. Please note that an approval of your Academic Forgiveness does not guarantee an approval of your SAP appeal.
- I must receive at least a "C" in every course for the first readmitted semester.
- I am not permitted to withdraw from any courses regardless of the number of credits a student takes upon re-entry.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone