University of Arkansas for Medical Sciences
College of Health Professions

Academic Forgiveness Policy

Applicants to undergraduate programs in the College of Health Professions (CHP) may request consideration under the Academic Forgiveness Policy. This policy does not apply to currently enrolled students in the CHP or to admission to a CHP graduate program.

Under the Academic Forgiveness Policy, applicants to undergraduate programs may request that all academic credits, as well as the grades assigned to them, that they earned more than seven (7) years before the anticipated date of registering for classes in the CHP program to which they have applied shall not be considered by the CHP in determining 1) their acceptance to that program or 2) the prerequisites, electives, or professional courses they have completed. If the request is granted, all courses taken at all colleges and/or universities that are more than seven (7) years old by this date will be removed from consideration irrespective of the grades earned. That is, the Academic Forgiveness Policy may not be applied to selected courses in a given term or terms or to only those with certain grades. Thus, none of the courses excluded by granting such a request may be counted toward completion of any prerequisites, electives, or professional courses.

If the request for academic forgiveness is granted, only academic work completed less than seven (7) years prior to the date of registration in the intended program will be used in calculating the applicant’s grade point average (GPA) and determining transfer credit for admissions. This will be so noted on the CHP academic transcript if the applicant is admitted. Academic forgiveness may be granted only once to any student. Academic forgiveness is not to be confused with the prerogative each CHP department has to selectively decline to accept for transfer credit any course or courses taken more than seven (7) years before the intended date of registration on the grounds that the knowledge in the discipline(s) in question, and thus the content of the course(s) as currently taught, has changed so extensively in the interim that it(they) no longer will fulfill the prerequisite or other transfer requirement for the given CHP program.

Applicants seeking consideration under the Academic Forgiveness Policy must complete and submit the *Petition for Admission under the Academic Forgiveness Policy* form to the CHP Admissions Officer prior to the application deadline or the deadline for receipt of transcript of the specific CHP program to which the individual is applying. Petitions submitted after the program’s application deadline will not be reviewed. Official transcripts from all colleges and universities attended must also be provided. The petition for Academic Forgiveness and the transcript(s) will be reviewed by the CHP Admissions Officer who calculates the GPA for program admissions and determines the courses that meet the degree or certificate requirements. The petition and transcript(s) are then forwarded for approval to the CHP Associate Dean for Academic and Student Affairs and finally to the Dean of the College. Applicants will subsequently receive written notification of the determination of their Academic Forgiveness request.

The *Petition for Admission under Academic Forgiveness Policy* form and official transcripts from all colleges and universities attended should be sent to:

Admissions Officer, College of Health Professions
University of Arkansas for Medical Sciences
4301 West Markham Street, #619
Little Rock, AR 72205
For additional information: (501) 686-5730

06-11-07 Revised: 01-31-14
Petition for Admission to a CHP Undergraduate Program
Under the Academic Forgiveness Policy

Applicant Name: ________________________________________________________________
(please print)             Last   First    MI   Maiden

Current Address: _________________________________________________________________
Number and Street      APT. #
City     State    Zip Code

CHP Program(s) to which applying: ________________________________________________

All Colleges and Universities Attended:                                         Date(s) of Attendance

__________________________________________________________  __________________
__________________________________________________________  __________________
__________________________________________________________  __________________
__________________________________________________________  __________________

**Applicant Statement:** I verify that the above information is correct and that I have not attended any institutions of higher education other than those listed above. I understand that providing false information on this form will disqualify me for admission to the College of Health Professions or will result in my dismissal from the College if I am already enrolled when that determination is made.

I have read, understand, and agree to the terms of the Academic Forgiveness Policy for the purpose of calculating my grade point average and determining transfer courses and credits in the admissions process for a CHP undergraduate program. I understand that if my request is granted, all credits earned from all colleges and/or universities I attended more than seven (7) years before the date of registering for classes in the CHP program to which I have applied will be not be used in calculating my grade point average, and credits earned will not be considered toward admission, degree, and/or certificate requirements. I understand that my acceptance of the terms of the Academic Forgiveness Policy is a non-revocable decision.

Applicant Signature: __________________________________________ Date: ______________

**FOR CHP USE ONLY**
Verification by CHP Admissions Officer _____________________________________ Date: ______________
Approved: ______________________________________________________________  Date: ______________
Signature (CHP Associate Dean for Student & Academic Affairs)

Approved: ______________________________________________________________  Date: ______________
Signature (Dean, CHP)