PETITION FOR ACADEMIC FRESH START
(Academic Operating Policy 12.17)

Name: _____ Date: _____

ID#: _____ Major: _____ Email: _____

Local Mailing Address: _____ Local Phone: _____

Students who have not been enrolled in any post-secondary institution at any time for at least twenty-four consecutive months may petition for admission or readmission to Mississippi State University through their academic dean's office under the academic fresh-start policy. All college credits earned prior to being granted academic fresh-start will be eliminated from the computation of the student's grade point average and may never be used toward graduation at Mississippi State University.

The student's transcript will reflect the complete academic record but will contain the notation at the appropriate point those all-previous credits and grades have been declared void for the purposes of academic standing and graduation.

Students admitted under this policy must complete current curriculum requirements in residency at Mississippi State University to earn a degree. This policy may not be honored in other institutions of higher learning. This policy pertains only to Mississippi State University and students should be advised that other institutions are not bound to honor the provisions of this policy should the student transfer from Mississippi State University to another institution.

☐ Student-written petition signed by the student to include:

    ☐ Statement explaining how circumstances have changed making academic improvement a realistic goal;
    ☐ Current major and major at the time of student's previous enrollment:
    ☐ Dates of absence from enrollment in any institution of higher learning (must be at least twenty-four consecutive months);
    ☐ Copy of transcript(s).
    ☐ Copies of any special conditions for readmission as specified by department and/or dean.

Comments/Conditions: _____

_____

_____

_____

_____ _____ _____ _____
Student's Printed Name   **Date**   **Student's Signature**   **Date**

_____ _____ _____ _____
Advisor's Printed Name   **Date**   **Advisor's Signature**   **Date**

_____ _____ _____ _____
Department Head's Printed Name   **Date**   **Department Head's Signature**   **Date**

_____ _____ _____ _____
Dean's Printed Name   **Date**   **Dean's Signature**   **Date**