## WEST VIRGINIA UNIVERSITY INSTITUTE OF TECHNOLOGY

## OFFICE OF STUDENT RECORDS AND REGISTRATION PETITION for ADMISSION under ACADEMIC FORGIVENESS POLICY

Student Name:				
Student ID Number:	First	MI	Maiden	
	: Date Last Attended:			
Student Statement: I verify any institution of higher ed	•		at I have not attended	
tudent Signature:		Date:		
** FOR DEPARTMENT	AL USE ONLY**			
Institutional (WVU Tech)	hours completed with grad	de of "D" or bet	ter:	
Transfer hours completed v	with grades of "D" or bett	er:		
Program/College student w	vishes to enter:			
Approved: Dean of the Colle	ge	Date:		
**FOR REGISTRAR AN	ND RECORDS OFFICE	USE ONLY**		
Effective terms (ex. 20090	8 is Fall 2009): From:	To:		
Transfer Inst. #	Attendance Pe	riod(s)		
Transfer Inst. #	Attendance Period(s)			
Transfer Inst.#	Attendance Pe	Attendance Period(s)		
Registrar:	Date:			

PLEASE RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR