WEST VIRGINIA UNIVERSITY INSTITUTE OF TECHNOLOGY
OFFICE OF STUDENT RECORDS AND REGISTRATION
PETITION for ADMISSION under ACADEMIC FORGIVENESS POLICY

Student Name: __________________________________________________
Last First MI Maiden

Student ID Number: ___  ___  ____

Institution Last Attended: __________________________ Date Last Attended: ______

Student Statement: I verify that the above information is correct, that I have not attended any institution of higher education since the date stated above.

Student Signature: _____________________________ Date: ______________

** FOR DEPARTMENTAL USE ONLY**

Institutional (WVU Tech) hours completed with grade of “D” or better:
____________________

Transfer hours completed with grades of “D” or better: __________________________

Program/College student wishes to enter: ____________________________

Approved: _____________________________ Date: ______________
Dean of the College

**FOR REGISTRAR AND RECORDS OFFICE USE ONLY**

Effective terms (ex. 200908 is Fall 2009): From: __________ To: ________

Transfer Inst. # ________________ Attendance Period(s) _______ _______ _______

Transfer Inst. # ________________ Attendance Period(s) _______ _______ _______

Transfer Inst.# ________________ Attendance Period(s) _______ _______ _______

Registrar: _____________________________ Date: ___________________________

PLEASE RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR