

DECLARATION OF ACADEMIC BANKRUPTCY

I, _____, _____,
Student Name (please print) Student ID Number
wish to declare academic bankruptcy. I certify that I have not been registered in any capacity (full-time, part-time, correspondence, etc.) in any college or university during a period of at least the last five consecutive years.

If approved for academic bankruptcy, I understand that the following conditions will apply to my academic status:

1. I forfeit all college or university credit earned prior to my enrollment or re-enrollment at Louisiana State University Eunice.
2. My record will be inscribed with the note “**ACADEMIC BANKRUPTCY DECLARED. ALL COLLEGE OR UNIVERSITY WORK DONE PRIOR TO _____ IS FORFEITED. ADMITTED ON SCHOLASTIC PROBATION.**”
(Date)
3. I will be admitted on academic probation.
4. This decision is final and irreversible.

Student

Date

Recommend approval:

Academic Advisor

Date

Division Head

Date

Student IS / IS NOT eligible for academic bankruptcy.

Registrar and Director of Admissions

Date

APPROVED // DISAPPROVED

Vice Chancellor for Academic Affairs

Date

Original: Academic Affairs

Cc: Division Head
Student Records
Student