

Academic Renewal Application

Louisiana Tech University

Name (Please print): _____
Last First Middle Initial

Address: _____
Street or P.O. Box

City State Zipcode
Social Sec. Number: _____ - _____ - _____

Telephone: _____ email: _____

Quarter in which you _____ Fall _____ Winter _____ Spring
are enrolling: _____ Summer _____ year

Please read this entire application first, then **type or print** your responses.

- For your application to be considered:
1. You must have a completed Admissions application on file including official transcripts.
 2. You must answer all questions on this form.

My reason for applying for Academic Renewal is:

Turn over and complete reverse side.

2. Please explain what circumstances have changed that would support your academic success in the future. (Attach sheet of paper if additional space is needed.)

3. By signing this application, I hereby certify that I have read the attached Academic Renewal Policy in its entirety, and that I have answered all questions truthfully and to the best of my ability.

Signature

Date

**Return completed form to: Academic Renewal Subcommittee of the
Enrollment Management Council
Louisiana Tech University
P.O. Box 3178
Ruston, LA 71272**

Academic Renewal Subcommittee Chair: Mrs. Joan Edinger (318-257-3036) Hale Hall

The remainder of this form is for office use only:

Academic Renewal Subcommittee check one:

application approved, application denied, other

Signature of Committee Member: _____

_____ Date

Comments: _____
