



# Academic Fresh Start Acknowledgement/Agreement

**Please Print:**

_____	_____	_____	_____
Last Name	First	Middle	LSCS ID#
_____		_____	_____
Mailing Address		City	State Zip Code

**NOTE: Students must apply for Academic Fresh Start PRIOR to registration after being admitted for their first term with LSCS or re-admitted after an absence with LSCS.**

I understand and accept the provisions of the Academic Fresh Start legislation (Texas Senate Bill 1321). I acknowledge that I will not receive consideration or credit for any college level courses or grades earned 10 or more years prior to the starting date of the semester in which I seek to enroll at a LSCS college other than possible TSI exemption.

I further affirm that I have provided LSCS with a complete record of my academic history to date. Students must present an official transcript from every institution attended. Furthermore, I understand that once I accept the provisions of Academic Fresh Start, I may not revoke that decision as long as I am a student at LSCS.

I further understand that this Academic Fresh Start action is only applicable to LSCS, and even though these grades will still appear on my academic record they will be excluded from the calculation of my GPA. Academic Fresh Start has no impact on financial aid standing.

All credits earned during and prior to the semester of \_\_\_\_\_  
Semester/Year

_____	_____
Student Signature	Date
_____	_____
Registrar or Designee	Date

<b>For Office Use Only</b>	
Initial _____	
Date _____	

**Forward original to:  
Student Records**