

ACADEMIC POLICY STATEMENT 940317 ATTACHMENT
ACADEMIC FRESH START AGREEMENT
SAM HOUSTON STATE UNIVERSITY

(Last Name) (First Name) (M.I.) (SAM ID)

(Mailing Address) (City) (State) (Zip Code)

(Semester/Year Applied for Admission)

(Semesters to be Ignored – *To be completed by the Registrar's Office*)

I, _____, understand and accept the provisions of the Academic Fresh Start legislation (Texas Education Code Sec 51.931 and Academic Policy Statement 940317). I acknowledge that I will not receive consideration or credit for any undergraduate courses or grades earned ten (10) or more years prior to the start date of the semester or summer session in which I seek to enroll at Sam Houston State University. I certify that I have provided Sam Houston State University with a complete and accurate record of my academic history to date.

Furthermore, I understand that once I accept the provisions of Academic Fresh Start, I may not revoke that decision.

Note: After the provisions of Academic Fresh Start have been accepted, the current admission requirements must be met prior to acceptance into Sam Houston State University.

Student Date

Director of Admissions Date

Registrar Date