

Student Information:

Student ID: @ _____

Name (Last, First, Middle Initial): _____

The Academic Fresh Start Program is a one-time opportunity for eligible students, returning to college after an absence of one or more years (two standard semesters), to refresh their grade point average (GPA). A student must be re-enrolling with a cumulative GPA below 2.00 to qualify for this program.

All grades previously earned remain on the student's transcript and the student retains credit for courses with a grade of "C-minus" or above, including "P" (Pass), "CR" (Credit), and "CRT" (Credit Transfer). The courses for which Academic Fresh Start is invoked include a transcript symbol (^) indicating that the policy has been applied to the student's academic history.

The Academic Fresh Start Program can only be used once, including at previous Connecticut Community College campuses, and does not apply to any completed degree or certificate. This Fresh Start is exclusively for academic purposes and is not related to any/all Financial Aid guidelines regarding previous credits enrolled. Students should consult with the Financial Aid Office for such details.

Once approved as a candidate for the Fresh Start, a student must complete a minimum of 9 credits with grades of "C" or better for the Fresh Start to be applied to the entire academic history prior to the application term.

The Enrollment Services Office will document the semester of implementation (see below) and notify the student. The student is responsible for notifying the Enrollment Services Office once they have completed the required 9 credits so that the pending Fresh Start can be applied to the student's academic record.

I understand the Academic Fresh Start Program as described above. I attest that I have not been a student at CT State Community college for one or more years nor have I invoked the Academic Fresh Start Program previously. Further, I understand that this does not constitute any level of "Fresh Start" with my Financial Aid status.

Certification:

By signing the below, I affirm that I am the above-named person, and that the information presented above is true and accurate.

Student Signature: _____

Date: _____

Verification of Eligibility:

Faculty Advisor, or GP Advisor: _____

Date: _____

Application Term/Year: _____

(prior terms are subject to Fresh Start updates)

For Office Use Only:

Date Received: _____

Date Entered: _____

Entered By: _____