

Fresh Start Option Application

*This application must be submitted to the Academic Dean after advisor approval

Please Print Clearly

Date: ____/____/____

Banner ID @ _____ Date of Birth: _____

Legal Name: _____

Previous Name: _____

Address: _____
Street/PO Box City State Zip

Phone #: (____) ____--____ Alternate #: (____) ____--____

The Fresh Start Option permits a fresh start for students who have been away from the College for two (2) or more years, and who have returned on academic probation or have been suspended. Students can be reviewed on an individual basis by the Academic Dean if they attended TRCC prior to our current Academic Standing system and are not in good standing.

If approved, the student will receive credit for courses with a grade of "C -" or above (≥ 1.7), including "P" (Pass). All courses and grades remain on the student's academic record with an additional notation of when the Fresh Start Option is in effect.

- The Fresh Start option may be used only once.
- The Fresh Start option does not apply to any completed degrees or certificates.
- The Fresh Start option must apply to ALL courses taken during the time span under consideration, even if completed satisfactorily.
- A student must request the Fresh Start option prior to or shortly after the beginning of the first semester upon return to college.
- Students who participate in Fresh Start may have course load limits imposed by their advisors or the advising team.
- Fresh Start students may be subject to additional advising team check-in procedures.
- The Fresh Start option cannot be rescinded, so please be sure to meet with an advisor before submitting this application.
- A student must complete a minimum of 15 credits after returning to college under the Fresh Start option to be eligible for a degree or certificate, and for graduation honors.

Student Signature: _____ Date: ____/____/____

With my signature, I understand that I must meet the College's residency requirements and academic standards to be eligible for graduation.

Advisor's Signature (required): _____ Date: ____/____/____

Office Use Only

*Approved: ____ From: _____ (original date of enrollment) To _____

Disapproved: ____ (Reason): _____

Academic Dean signature: _____ Date: ____/____/____

Original to Registrar: ____ Student Copy ____ Advisor Copy ____