

PURDUE UNIVERSITY  
Request for Academic Renewal

Date of this request: \_\_\_\_\_  
(Month) (Day) (Year)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

PUID: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State, Country) (Zip Code)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Area Code) (Number)

Semester/year of most recent academic drop or stop out: \_\_\_\_\_/\_\_\_\_\_  
(Term) (Year)

Campus (circle): WL Calumet North Central IPFW IUPUI SWT

Semester/year readmitted or re-entered: \_\_\_\_\_/\_\_\_\_\_  
(Term) (Year)

Campus (circle): WL Calumet North Central IPFW IUPUI SWT

Semester hours completed since readmitted or re-entered: \_\_\_\_\_

Semester hours in progress since readmitted or re-entered: \_\_\_\_\_

Requested semester/year Academic Renewal to take effect: \_\_\_\_\_/\_\_\_\_\_  
(Term) (Year)

Have you requested Academic Renewal before?: \_\_\_\_ Yes \_\_\_\_ No When?: \_\_\_\_\_/\_\_\_\_\_  
(Term) (Year)

For Committee on Scholastic Delinquencies and Readmissions Use Only	
<input type="checkbox"/> Academic renewal granted. Effective: _____/_____ (Term) (Year)	_____ Chair/Co-Chair Signature Date
<input type="checkbox"/> Table for final grade(s) in current course(s), renew if continued good standing	_____ Chair/Co-Chair Signature Date
<input type="checkbox"/> Deny, does not meet renewal criteria	_____ Chair/Co-Chair Signature Date

Return completed form to: Office of Admissions, Purdue University, 475 Stadium Mall Dr.,  
West Lafayette, IN, 47907-2050, Phone: 765-494-1776, Fax: 765-494-0544