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Academic Fresh Start

NAME:		DOB:	TSC ID:
(Please print)	Work:()		
PHONE Home:() E-MAIL:	Work:(<u>) </u>		· Attending:
	~ !!		
earned 10 or more years ago		Texas Southmost College t	my transcript that I enroll for which was from applying standard admissions criteria
apply under the provision of toward degree requirements	f this law and my admission as a stud	ent under this law, I may no prior to enrollment under thi	ther understand that with my election to of receive any course credit in transfer or as section. I also understand that under this ions requirements.
I further understand that once I am admitted to TSC under this law, I cannot reverse my decision once the Academic Fresh Start has been approved. I also understand that I cannot exclude any coursework from Academic Fresh Start form the coursework earned 10 or more years ago.			
Please remember: This is an all or nothing option. A student cannot pick and choose which courses to ignore and which courses to count. If a student chooses the "Academic Fresh Start" option, the student will not receive any credit for any courses taken at least ten years ago. This means that courses, and Test scores taken previously: - Cannot be used to fulfill new prerequisite requirements; - Cannot be counted toward a new degree; and - Will not be counted in new G.P.A. calculations - TSI scores cannot be used to fulfill current program of studies - Last semester attended Academic Fresh Start clears only academic records. When deciding eligibility for Financial Aid, the school must still count all prior credits earned. If the student earned a graduate degree prior to enrolling as an undergraduate under the Academic Fresh Start option, the student will only be eligible for aid available to graduate students. Academic Advisor: Date: Testing Representative: Date:			
Your Signature below will confirm that you have read and understand the policy regarding Academic Fresh Start.			
STUDENT SIGNATURE	E:		DATE:
This form can ONLY be submitted processed at the Office of Admissions and Records			
OFFICE of the Admis	ssions and Records USE ON	LY: Approved	Denied
Coordinator's Signature:			Date:
Received by:			Date: