



**Policy No. IS100.3**  
**Northwest Louisiana Technical College**

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**APPLICATION FOR ACADEMIC RENEWAL**

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Original Adoption:  
Effective Date: 06/01/07  
Last Revision:

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Name \_\_\_\_\_ Social Security \_\_\_\_\_

**PREVIOUS HIGHER EDUCATION INSTITUTIONS ATTENDED:**

Name	Location	Dates of Attendance

Explain the reason for requesting academic renewal, why it should be granted, and provide evidence what conditions have changed.

(Attach additional page if necessary)

I have read and do understand the academic amnesty policy prior to submitting this application.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved by Academic Renewal Committee

Date \_\_\_\_\_

\_\_\_\_\_ Denied

Date \_\_\_\_\_

\_\_\_\_\_ Student Notified

Date \_\_\_\_\_

Student Affairs Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Policy Reference:** LTC Academic Renewal Policy IS1930.101  
LCTCS Policy #1.028 Academic Renewal

***Review Process:***

<b>X</b>	<b>Reviewing Council/Entity</b>	<b>Review Date</b>	<b>Effective Date</b>
X	Student Affairs Officers	11/29/06	
X	Academic Affairs Officers	11/29/06	
X	Regional Directors	06/01/07	
X	Vice President for CTE	06/01/07	06/01/07

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Hard Copy Distribution to Regional Directors

Approved:



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Dianne Clark  
Interim Director