



Declaration of Academic Bankruptcy

I, _____, _____
STUDENT NAME (PLEASE PRINT) STUDENT ID NUMBER

wish to declare academic bankruptcy. I certify that I have not been registered in any capacity (full-time, part-time, correspondence, etc.) in any college or university during a period of at least the last three consecutive years.

If approved for academic bankruptcy, I understand that the following conditions will apply to my academic status:

1. All college or university credit earned prior to my enrollment or re-enrollment at Louisiana State University Eunice will be forfeit, and that my academic transcript will be so-noted.
2. I will be admitted on academic probation.
3. That this decision is final and irreversible.
4. I may be placed in the Pathways to Success Program at the discretion of the Director of Developmental Education.

I forfeit all work prior to my re-entry in _____.
(SEMESTER AND YEAR)

STUDENT SIGNATURE

DATE (MM/DD/YYYY)

Recommend approval

Recommend disapproval

ACADEMIC ADVISOR SIGNATURE

DATE (MM/DD/YYYY)

Recommend approval

Recommend disapproval

DIVISION HEAD SIGNATURE

DATE (MM/DD/YYYY)

Student **IS** eligible for academic bankruptcy

Student **IS NOT** eligible for academic bankruptcy

REGISTRAR'S SIGNATURE

DATE (MM/DD/YYYY)

APPROVED

DISAPPROVED

VICE CHANCELLOR FOR ACADEMIC AFFAIRS SIGNATURE

DATE (MM/DD/YYYY)

Student **TO BE** placed in Pathways to Success

Student **NOT TO BE** placed in Pathways to Success

DIRECTOR OF DEVELOPMENTAL EDUCATION'S SIGNATURE

DATE (MM/DD/YYYY)