Academic Fresh Start

www.tstc.edu

To: Texas State Technical College – Registrar's Office

From: Name: _____

SSN: |_|_|_|_|_|_|_|_|_| or SSID: |_|_|_|_|_|_|_|_|_|

Address: _____

City: _____ State: _____ Zip _____

Phone (_____) _____

Are you a resident of the state of Texas? ☐ Yes ☐ No

I request that Texas State Technical College not consider any of my college academic records on work that I enrolled for which was earned 10 or more years ago.

I understand that this is my option under Section 51.931 of the Texas Education Code. I further understand that with my election to apply under the provision of this law and my admission as a student under this law, I may not receive any course credit in transfer or toward degree requirements for courses taken 10 or more years prior to enrollment under this section.

I further understand that once I am admitted to the institution under this law, I cannot revert my decision once the Academic Fresh Start has been approved. I also understand that I cannot exclude any coursework from Academic Fresh Start from the coursework earned 10 or more years ago.

Date: _____ Signature: _____

Institutional Approval: _____ Date: _____
Registrar

This form should be submitted with the application for readmission and must be submitted prior to be beginning of the semester for which the student is applying for.