



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

## Academic Renewal Request Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

### General Considerations:

The IU South Bend academic renewal policy encourages capable, mature, undergraduate students to return to IU South Bend after they were academically unsuccessful during an earlier attempt at higher education within the Indiana University system. Meant to apply campus-wide to all IU South Bend academic units, the academic renewal option described here exists only on the IU South Bend campus and not on any other campus of Indiana University.

### Academic Renewal Policy:

1. The IU South Bend academic renewal policy applies to any former Indiana University student who; a. has not yet completed a bachelor's degree, and b. has not attended any campus of Indiana University for a minimum of the last three years (36 months).
2. Academic renewal applies to all Indiana University course work taken prior to readmission to IU South Bend. A student seeking academic renewal may not exempt certain courses from the application of the renewal policy. Furthermore, this policy is inapplicable to any grades issued owing to academic dishonesty. As a precondition of any student receiving academic renewal, the registrar's office formally evaluates the student's record to identify any grades resulting from academic dishonesty.
3. Academic renewal may be invoked only once over the course of a student's academic career at IU South Bend.
4. Because academic renewal is aimed at academically unsuccessful students, the grade point average (GPA), for the period for which renewal is sought, must be lower than 2.0.
5. A student is eligible to apply for academic renewal after a probationary period at IU South Bend in which the student earns a cumulative grade point average of 2.3 for the probationary period. The policy is applied after a probationary period in which the student earns at least 12 credit hours and cannot extend beyond the semester in which the student completes their 21st credit hour. The academic renewal probationary period is in full terms.
6. Academic renewal does not occur automatically. A student must apply for academic renewal, and the petition must be approved by the student's academic unit. If the petition is approved, all grades earned prior to the renewal are no longer used in the calculation of the program GPA. The GPA earned after academic renewal takes effect is subject to each academic unit's rules regarding academic probation and dismissal.
7. Although the grades in the courses to which academic renewal is applied are not considered in calculating the GPA, the courses themselves may still be used to satisfy credit hour and degree requirements if the original grades earned are C (2.0) or higher.
8. After approval of the request for academic renewal, a student must complete a minimum of 30 credit hours (including the 12 credit hour probationary period) on the IU South Bend campus to meet the graduation residency requirement and must complete a minimum of 60 credit hours to merit graduation with academic distinction.
9. Invocation of the academic renewal option does not preclude a student's using other available, course-specific grade replacement options, subject to each academic unit's rules and procedures and the conditions set out in the IU South Bend Grade Replacement Policy.
10. Academic renewal is available only for courses taken at Indiana University. Each academic unit retains the right to consider records of performance from other universities in determining admission to the academic unit, the granting of honors and academic distinction, and other matters.

### Student Acknowledgment:

I understand that I must achieve/maintain a University cumulative GPA of 2.0 to be a student within the Vera Z. Dwyer College of Health Sciences and remain in good standing with Indiana University South Bend.

I understand that an additional application is required for acceptance into a clinical program within the Vera Z. Dwyer College of Health Sciences including compliance with all college and program policies and course prerequisites.

I have met in person with an academic advisor, understand the impact of this request on my academic progression and GPA.

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

Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Please submit form to:

Laurie Richards, Northside Hall 416 or via email: [lar2@iusb.edu](mailto:lar2@iusb.edu)