



Undergraduate Academic Affairs
College of Science

CLEMENCY REQUEST FORM

	OFFICE USE ONLY
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Mr/Ms: _____

G#: _____

Address: _____

GMU email: _____

Official correspondence may be sent to this address.

City State Zip

Telephone: if yes, we will leave a detailed message on voice mail

Home () _____ Message? yes/no

Cell/Work () _____ Message? yes/no

Major: _____

1) **Did you attend Mason over 3 consecutive calendar years ago?** Yes/No

2) **Semester of return to Mason (circle):** Fall Spring Summer Year _____
(this request must be filed within the first 12 months back at Mason)

Approval of clemency is neither automatic nor guaranteed and no student will be considered for more than 16 hours of clemency. Additional criteria may also apply, including academic requirements. Please see the back of this form for more policies regarding clemency.

Course(s) requested with section number	Semester taken	Credit Hour	Grade
		Total:	

Read and Sign: I understand that requests are not effective unless approved by the Undergraduate Academic Affairs Office. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean's review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university.

Student's Signature

Date