

# QUINCY COLLEGE

## ACADEMIC AMNESTY FORM

Quincy Campus | 1250 Hancock Street, Quincy, MA 02169  
Plymouth Campus | 36 Cordage Park Circle, Plymouth, MA 02360

First Name

Middle Name

Last Name

Street

City

State

Zip

Student ID #

Cell Phone #

Email Address

### Semester(s) Requested for Academic Amnesty:

Academic Year(s):

Term(s) (Fall, Winter, Spring, Summer):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain how you will perform better academically going forward.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that all of the courses taken during the period for which amnesty is granted will remain on my academic record. However, these courses are eliminated from computation of the grade point average and will not be applied to a Certificate or Degree program at Quincy College.**

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

Registrar's Signature

Date

Academic Vice President's Signature

Date

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_