



ACADEMIC RENEWAL APPLICATION

Policy 3009

FOR OFFICE USE	
REGISTRAR DATE/INITIALS _____	
BDMS DATE/INITIALS _____	
UNOF DATE/INITIALS _____	
EMAIL DATE/INITIALS _____	

APPLICANT INFORMATION			
Student ID #:		Date of Birth:	
Last Name:	First:		M.I.:
Mailing Address:			
City:	State:	ZIP:	
Phone:	Maiden Name or Other:		

I am requesting academic renewal for grades on my Cochise College transcript. I understand the grades will be removed from my GPA calculation but will remain on my academic transcript.

I meet the following requirements to apply for academic renewal.

1. I have been absent from Cochise College for three years, from _____ to _____.
2. I have completed 12 credits at Cochise College after my absence with a minimum 2.0 GPA.

I have submitted my application along with:

1. An unofficial transcript.
2. I have circled all requested grades (D, F, and/or WF) to be excluded from the GPA calculation.
3. I have initialed next to the circled grades.

I understand that I am permitted academic renewal only once in my attendance at Cochise College.

Due to student privacy laws, we are legally obligated to only use your Cochise College student email account and all notifications of completion will be sent there.

Signature _____ Date _____

Complete the form and submit to: Cochise College Registrar · 901 N Colombo Ave · Sierra Vista, AZ 85635.