



Office of the Registrar
 Mount Aloysius College
 7373 Admiral Peary Hwy
 Cresson, PA 16630
 (814) 886-6400

Registrar@mtaloy.edu

ACADEMIC AMNESTY FORM

Date: _____ Term: _____ Major: _____ Phone: _____ Student ID: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

Major Coursework GPA in current Major: _____ Previous Major & Catalog Year: _____

Degree:	
Associate Degree Student	
Baccalaureate Degree Student	

Courses to be Granted Academic Amnesty		
Course Number, Title and Credits	Term Taken	Final Grade

Student's Signature: _____	Date: _____
Department Chairperson's Signature: _____	Date: _____
Provost's Signature: _____	Date: _____
Registrar's Signature: _____	Date: _____

Registrar's Office:

Processed by: _____ Date: _____

Revised 10/27/2020