



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

Academic Forgiveness Form

Last Name: _____ **First Name:** _____ **MI:** _____

Major: _____ **Term:** _____ **SSN:** _____ **Date:** _____

Courses to be Academically Forgiven		
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