



# RECORDS & REGISTRATION LAMAR UNIVERSITY

## APPLICATION FOR ACADEMIC FRESH START

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ ID# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I wish to have the Academic Fresh Start policy applied to my admissions application to Lamar University for the \_\_\_\_\_ semester. My college work that is ten (10) years old or older includes work taken at:

\_\_\_\_\_ Lamar University

\_\_\_\_\_ All other colleges and/or universities

I understand that this policy allows Lamar University, in considering my application for admission, to not consider academic course credits and grades earned 10 or more years prior to the starting date of the semester in which I enroll.

I understand that election to apply to Lamar University under Academic Fresh Start, and if admitted as a student, **I WILL NOT RECEIVE ANY COURSE CREDIT FOR COURSES UNDERTAKEN 10 OR MORE YEARS PRIOR TO ENROLLMENT UNDER THIS POLICY.** Lamar University will apply standard admissions criteria generally applicable to persons seeking admission.

I further understand that application of this policy to my previous college/university attendance may also subject me to SAT and/or other requirements as determined by Lamar University admission policies and state law.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Lamar University is an equal opportunity/affirmative action educational institution and employer. Students, faculty, and staff members are selected without regard to their race, color, creed, sex, age, handicap or national origin, consistent with the Assurance of Compliance with Title VI of the Civil Rights Act of 1964; Executive Order 11246 as issued and amended; Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973. With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.*

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### OFFICE USE

Approved

Not Approved for the following reason(s): \_\_\_\_\_

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

\_\_\_\_\_  
Director of Academic Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Records/Registrar

\_\_\_\_\_  
Date

**Return completed form to: Lamar University  
PO Box 10009  
Beaumont, TX 77710**