

**Reid State
Technical College
Enrollment Management Office**

REQUEST FOR ACADEMIC BANKRUPTCY

NAME: _____ STUDENT ID NUMBER: _____
Last First MI

ADDRESS: _____
Street/Box

_____ Phone: (____) _____
City State Zip

Semester(s) for which I am requesting academic bankruptcy:

1. _____
2. _____
3. _____

I understand that:

- 1) I must meet requirements mandated by the Alabama State Board of Education as outlined in the current Reid State catalog;
- 2) Academic bankruptcy may be implemented only once;
- 3) I may be liable for repayment of any federal financial aid funds, veteran's benefits, or other forms of financial assistance.

_____ Date: _____
Signature

This form must be approved by the registrar before academic bankruptcy can be implemented.

For Office Use Only

- Approved
 Disapproved

Date of Transcript Notation

Registrar

Date