Early College Programs AcademicAmnesty Petition

Date:	
Name:	_
Mailing Address:	Goodwin College ID:
E-mail Address:	Telephone number:
Semester and Year of Course(s)	
Course(s) Name:	

Pleasedescribeon a separate sheet, our reasons foseeking grade amnest while enrolled in Early College Programs. Be as specific as possible responding to the following:

- x What were the difficulties you encountered at contributed to your current grade
- x What action(s) did you take to remedy the difficulties? Is there anything you could have done differently?
- x What did you learn from this situation? How will you apply if uture courses? Please include any supporting documentation that you wish to be considered in this form and any supporting documentation to Kaprece Smithordinator of Early College Programmy email at KSmith@goodwin.eduor by fax 866291-8610.

Submitting this petition does not guarantee a favorable outcome. Our petition will be reviewed with equity by Early Ollege Programs. You will receive notification via the emailed dressindicted above within 30 days from the date the form is submitted. An appearlocess is available once a decision has been made. Please re er to the Suggestions and Grievance section of the Goodwin catalog.