

2. Please explain what circumstances have changed that would support your academic success in the future.
(Attach sheet of paper if additional space is needed.)

3. By signing this application, I hereby certify that I have read the attached Academic Renewal Policy in its entirety, and that I have answered all questions truthfully and to the best of my ability.	
Signature _____	Date _____

**Return completed form to: Academic Renewal Subcommittee of the Enrollment Management Council
Louisiana Tech University
P.O. Box 3178
Ruston, LA 71272**

**Academic Renewal Subcommittee Chair: Mrs. Jan Albritton
(318) 257- 3036, Hale Hall 101**

The remainder of this form is for office use only:

Academic Renewal Subcommittee check one: [] application approved, [] application denied, [] other

Signature of Committee Member:

	Date
Comments:	