

Application for
Academic Fresh Start Acknowledgement/Agreement
At Prairie View A&M University

Application Semester and Year of Entry: Fall _____ Spring _____ Summer _____

SID: _____ SS#: _____ DOB: ___ / ___ / ___

Name: _____
Last First Initial

Mailing Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell: _____ Wk Phone: _____

I understand and accept the provisions of the Academic Fresh Start legislation (Texas Senate Bill 1321) applied to my admission application at Prairie View A&M University. I acknowledge that I will NOT receive consideration or credit for any college level courses or grades earned ten (10) years prior to the starting date of the semester or summer session in which I seek to enroll at Prairie View A&M University. I further affirm that I have provided Prairie View A&M University with an official transcripts from all institutions attended.

I understand that once I accept the provisions of Academic Fresh Start, I may NOT revoke that decision as long as I am a student at Prairie View A&M University.

Prairie View A&M University

Other college(s) or university

Name: _____

ALL BLANKS ON THIS FORM MUST BE COMPLETED BEFORE YOUR APPLICATION WILL BE CONSIDERED.

I understand after Academic Fresh Start has been implemented, the current admission requirements must be met prior to acceptance in to Prairie View A&M University.

Student Signature Date

Return Completed Form To: Prairie View A&M University

Office of Undergraduate Admissions P.O. Box 519, Mail Stop 1009 Prairie View, TX 77446

Director of Undergraduate Admissions Date

University Registrar Date