

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