

PETITION FOR ACADEMIC BANKRUPTCY – Physical Therapist Assistant Program

This petition is to be submitted along with your University of Indianapolis PTA application. Official transcripts of all prior college or university courses must also be on file before this petition will be considered. The deadline for consideration of this Petition for Academic Bankruptcy is ____ of the year of application (at the time of PTA application).

Name _____

UIndy Student ID Number _____

Address _____

E-Mail _____

Telephone _____

I, _____ (please print full name), apply for academic bankruptcy to become effective including _____ semester of _____ and including all prior semesters. I certify that the transcripts involved are at least 3 years old. I have completed at least 12 college credits with a grade of C or better that will not be bankrupted. My last attendance at any college or university ended _____ (mo./yr.). I understand that the following conditions apply:

1. If I do not have 12 college credits within a C or better remaining on my bankrupted transcript, then I will be required to meet this standard by May 15th before my planned enrollment date into the PTA program. I acknowledge that failure to complete 12 college credits with a grade of C or better by May 15th of the current academic year will result in a forfeit of any potential admission to the program.
2. I will forfeit the use, for any purpose, all college or university credits earned prior to my declaration of academic bankruptcy.
3. I will be ineligible for academic honors conferred by the University except as justified by my entire academic record.
4. These policies regarding academic bankruptcy apply exclusively to undergraduate study in the Physical Therapist Assistant program at the University of Indianapolis. If I apply to any other institution, I will be subject to its policies concerning my academic record.
5. This decision is final and irreversible.
6. Academic bankruptcy does not release an individual's financial obligation to any university.

Applicant's Signature _____

Date _____

PTA Admission Counselor _____

Date _____

PTA Program Director _____

Date _____