

Application for Academic Fresh Start

Academic Fresh Start Policy:

The applicant who elects to participate in this program should do so at the time of application and must otherwise meet current admissions requirements. State residents may apply for admission to Texas public universities without consideration being given to academic work completed 10 or more years prior to the semester in which the applicant seeks to enroll. An applicant who is admitted under this plan may not receive any credit for courses taken 10 or more years prior to enrollment.

If a student who enrolls under this program completes a prescribed course of study, earns a baccalaureate degree, and applies for admission to a postgraduate or professional program offered by a public institution of higher education, the admitting institution will consider only the grade point average of the applicant established by the coursework completed after the student enrolled under this plan (along with other criteria the institution normally uses to evaluate applicants for admission).

Statement of Understanding:

I am choosing to exercise section 51.929 of the Texas Education Code. I understand that with my election to apply under the provisions of this law, I will not receive any course credit for coursework taken 10 or more years prior to enrollment. I understand this not only applies to credit earned at Texas Tech University Health Sciences Center, but to any other institution as well.

Your initials and signature below will confirm that you have read and understand the policy regarding Academic Fresh Start. ____ I understand that Fresh Start must be requested at time of application to Texas Tech University Health Sciences Center __ I certify that I have provided a complete record of my academic history I understand that I will not receive any credit for courses completed 10 or more years ago _____ I understand that after the credit is removed I must meet current published admissions criteria I verify that I am a Texas resident for tuition purposes I understand that once I am approved for Fresh Start that the decision is not reversible Name (Print) Application Term Date of Birth Email Address _____ Phone Number ____ Signature _____ Date_____ For Office Use Only: Fresh Start Approved by Undergraduate Admissions? Yes No ____ Date ___ Signature Processed by Registrar's Office - TEO Date____ Signature _