

Application for Fresh Start

Student Name:			
First	MI	Last	
Student ID/StarID:	<u>Pr</u>	ogram/Degree:	
Previous Dates of Attendance (Last Term/YY	YY):	to	
Must be at least 3 years prior to return			
Credits Previously Attempted at LSC:		ded LSC or Elsewhere Since	
Credits Completed Since Returning to LSC:			, , , , , , , , , , , , , , , , , , , ,
Must be between 12 and 24 completed credits			
GPA Since Returning to LSC:	Comp	letion Rate Since Returning	to LSC: %
Must be at least 2.0	Must k	e at least 67%	
the 150% rule for financial aid purposes. Student Signature: Counselor/Advisor Recommending Fresh St		Date (MM/DD/YYYY):	
		Use Only	
Adjustments were made to student transcri	pt to all	ow for Fresh Start:	
Registrar Signature		Date (MM/DD/YYYY)	Year Term of Fresh Start
Adjustments were made to Degree Audit Re	eport to	reflect Fresh Start:	
Transfer Coordinator Signature		Date (MM/DD/YYYY)	

Rev: 9/25/2017