

ROGERS STATE UNIVERSITY

APPLICATION FOR ACADEMIC RENEWAL

Name: _____ ID #: _____

Address: _____
Street/Box Number City State Zip

Telephone Number: () _____

Email Address: _____

Official transcripts of all college credits taken at all universities must be on file in the Office of the University Registrar at the time of this application.

At least 5 years must have elapsed between the last semester being renewed and the renewal request.

I am requesting an academic renewal to apply to ALL course work taken prior to:

Semester _____ Year _____

Please explain the extenuating circumstances that existed during the semester(s) you want renewed: _____

I understand that if the renewal is granted, NO credits earned during the renewed semester(s) will count as hours toward degree requirements. All courses remain on the student's transcript.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Academic Renewal was: Granted: _____ Denied: _____

Comments: 5 years _____

Registrar _____ Date _____