ROGERS STATE UNIVERSITY APPLICATION FOR ACADEMIC REPRIEVE

Name:	e:ID #:		
Address:Street/Box Number			
Street/Box Number Telephone Number: ()	City	State	
Email Address:			
Official transcripts of <u>all</u> college credit Office of the University Registrar at the enrolled. Three years have elapsed be reprieved were earned and the reques	ts taken at all universit e time of this applicatio etween the period in wl	ies must be on f n. You must be	ile in the currently
I am requesting an academic reprieve	for the following conse	ecutive semester	r(s):
1.Semester Year			
At college/university name:			
2.Semester Year			
At college/university name:			
I understand that if the reprieve is grant will count as hours toward degree requ			
Student Signature		Date	
FOR	OFFICE USE ONLY		
Academic Reprieve was: Granted:		Denied:	
Comments:Enrolled3 years			
 Registrar		Date	