Submit to: registrar@rsu.edu or
Registrar Office, Markham Hall 249

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

Rev. 07.23.2021