

## ROGERS STATE UNIVERSITY APPLICATION FOR ACADEMIC REPRIEVE

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. You must be currently enrolled. Three years have elapsed between the period in which the grades being reprieved were earned and the request.

I am requesting an academic reprieve for the following consecutive semester(s):

1. Semester \_\_\_\_\_ Year \_\_\_\_\_

At college/university name: \_\_\_\_\_

2. Semester \_\_\_\_\_ Year \_\_\_\_\_

At college/university name: \_\_\_\_\_

Please explain the extenuating circumstances that existed during the semester(s) you want reprieved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Academic Reprieve was: Granted: \_\_\_\_\_ Denied: \_\_\_\_\_

Comments: \_\_ Enrolled \_\_ 3 years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date