



Academic Forgiveness Request to Apply Reprieve Policy

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Student's Name _____ Student's ID (CWID) _____

1st Semester Requested _____ 2nd Semester Requested _____

Reprieve Policy

Academic reprieve is a provision allowing a student who has experienced extraordinary circumstances to disregard up to two semesters in the calculation of his or her retention/graduation grade point average.

A student may request an academic reprieve from OSU Institute of Technology using the following guidelines:

- a) At least three (3) years must have elapsed between the period in which the grades being requested reprieved were earned and the reprieve request.
- b) Prior to requesting the academic reprieve, and after the elapsed three years, the student must have earned at least 12 semester credit hours with a GPA of 2.0 or higher with no grade lower than a "C" in all courses.
- c) The request may be for one semester or term of enrollment or two consecutive semesters or terms of enrollment. If the reprieve is awarded, all grades and hours during the enrollment period are included. If the student's request is for two consecutive semesters, the institution may choose to reprieve only one semester.
- d) The student must appeal for consideration of Academic Reprieve according to institutional policy.
- e) All courses remain on the student's transcript, but are not calculated in the student's retention/graduation GPA. Course work with a passing grade included in a reprieve semester may be used to demonstrate competency in the subject matter. However, the course work may not be used to fulfill credit hour requirement.
- f) Students who have been granted Academic Renewal are not eligible for Academic Reprieve.

A reprieve administered by OSUIT for work taken at another institution will be applied to the OSUIT graduation/retention grade point average but may not be accepted at subsequent institutions.

Enter supporting information concerning this request in the area below: (You may attach information if necessary)

By signing below, I confirm that I have read and understand the conditions regarding the reprieve policy.

Student's Signature _____ Date of Request _____

FOR OFFICE USE ONLY:

- a) Year(s) Requested
- b) Credit Hours/GPA
- c) Semester(s) of Request

Reprieve Policy Approved Denied

Authorized Signature