

Policy

In compliance with the Oklahoma State Regents for Higher Education policy, CASC offers ACADEMIC REPRIEVE to students who have experienced extraordinary circumstances to disregard up to two semesters in calculation of their GPA. These guidelines apply:

- at least THREE years must have elapsed between the terms(s) in which the grades of reprieve and reprieve request;
- prior to requesting academic reprieve, the student must have completed a minimum of 12 cr-hrs and earned a GPA of 2.00 or higher with no grade lower than a "C" in all regularly graded course work excluding activity or developmental courses.
- if Reprieve is awarded, then, all grades and hours completed in the term(s) are included,
- the student must be currently enrolled and seeking a degree with Carl Albert State College;
- Transcripts from all colleges previously attended must be on file and used to evaluate the Academic Reprieve. When course(s) included in Reprieve term(s) were used to confer a previous degree, then Reprieve will be denied

All reprieved courses remain on student's transcript, but are not calculated in the GPA. Courses included in a reprieved semester having a passing grade may be used to demonstrate competency in the subject matter (such as CS 1103 or ORI 1111). However, courses may not be used to fulfill credit hour requirements. *Committee decisions are sent to student's email address as below:*

Directions

Return completed form to:

CASC Office of Admissions, 1507 So McKenna, Poteau, OK 74953 • fax 918-647-1306 or email .pdf to admissions@carlalbert.edu

Student Information:

CASC ID #:		SSN (if CASC ID unknown):	
First, Middle, Last Name:			
Address, City, State, Zip:			
Cell Phone Number:			
CASC Email Address:			
Personal Email Address:			

Reprieve Request:

(2 terms may be reprieved; terms must be consecutive)

Semester and Year of Reprieve:		College of Reprieve:	
Semester and Year of Reprieve:		College of Reprieve:	

Tell us briefly why you should be granted this Reprieve?	



Signature:		Date:	
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(For signature, write or type in full name with last 4 digits of SSN)

FOR OFFICE USE ONLY:

Approved Denied

Committee Approval Date: _____ Representative Signature: _____

Comments: