

## Policy

In compliance with the Oklahoma State Regents for Higher Education policy on Academic Forgiveness, 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:

1. Prior to requesting academic reprieve, the student must have earned a GPA of 2.0 or higher with no grade lower than a "C" in all regularly graded course work (minimum of 12 hours) excluding activity or performance courses.
2. The request may be for one semester or two consecutive semesters of enrollments. If the reprieve is awarded, all grades and hours are included during the semester(s) of reprieve. If the student's request is for two consecutive semesters, CASC may choose to reprieve only one semester
3. All courses remain on the transcript but are not calculated in the student's GPA. Elective credit course work with a passing grade included in a reprieved semester may be used to demonstrate competency in the subject matter (such as CS-1103 or ORI-1111); however, the course work may not be used to fulfill credit hour requirements.
4. All college transcripts must be on file and will used to evaluate this reprieve request.
5. Students must be a current student at CASC and seeking a degree with CASC.
6. Transcripts from all colleges previously attended must be on file and used to evaluate the Academic Reprieve.
7. Reprieve request will be denied should any term of reprieve were used to confer a previous degree.

## Directions

Return completed form to the address or email listed on this form.


### 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:	
-------	--

*(Online completions, write or type in full name with last 4 digits of SSN)*

### FOR OFFICE USE ONLY:

☐ Approved   ☐ Denied   Approval Date: \_\_\_\_\_   Representative Signature: \_\_\_\_\_  
☐ Comments: \_\_\_\_\_