



INSTITUTE OF
TECHNOLOGY

Academic Forgiveness

Request to Apply Reprieve Policy

Office of the Registrar

Grady Clack Center

1801 East Fourth Street

Okmulgee, OK 74447-3901

(918) 293-4682

Fax: (918) 293-4614

osuit.registrar@okstate.edu

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) 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 (a minimum of 12 hours) excluding activity or performance courses.
- b) The request may be for one semester or term of enrollment or two consecutive semesters or terms of enrollments. If the reprieve is awarded, all grades and hours are included during the semester(s) for which a reprieve has been requested. If the student's request is for two consecutive semesters, the institution may choose to reprieve only one semester.
- c) The student must appeal for consideration of Academic Reprieve according to institutional policy.
- d) 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.
- e) 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