



# Application for Academic Renewal

Office of Admissions • 1507 So McKenna • Poteau, OK 74953 • 918-647-1300 voice • admissions@carlalbert.edu

## Policy

In compliance with the Oklahoma State Regents for Higher Education policy on Academic Forgiveness, CASC may *approve* to Renew multiple semesters/years of course work from a student's academic record, where course work taken prior to a date specified by CASC is not counted in the student's GPA. The following criteria apply:

1. FIVE years must have gone by from today and last term(s) requested in this Academic Renewal,
2. student must earn a minimum of 12 cr-hrs and a 2.0 GPA or higher with no grade lower than a "C" during this time,
3. activity or developmental course are not part of the 12 cr-hrs used to calculate the 2.0 GPA,
4. all college transcripts are on file, a part of my CASC transcript record, and used to evaluate this Academic Renewal,
5. must be a student at CASC and seeking a degree.

Further, students should understand that this Renewal will include all courses completed before the date specified in the request and that if any courses included in this Renewal were used to confer a previous degree, then Renewal will be denied. All courses included in this Academic Renewal will remain on the transcript, but are not calculated in the student's Retention/Graduation GPA.

## 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:			

## Renewal Request:

*(Renewal includes all terms and courses prior to Semester/Term specified below)*

Semester and Year Renewal Begins:	
Tell us briefly why you should be granted this Renewal?	



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: