

	Student ID Number	Date
REQUEST FOR ACADEMIC CLEMENCY	┰	
Name Enrolled Under (Last, First, Middle, Other)	Phoi	ne Number
		<u> </u>
Student Signature	Email Address	
Term(s) Academic Clemency is requested:		<u></u>
In accordance with Graduate College policy, a graduate student who has previously attended Arkansas		
Tech University may apply to have the grades and credits earned for one or two (consecutive) semesters		
removed from their grade point average provided under the following conditions:		
The student must be re-entering the University following a separation of at least two semesters.		
 Student must specify the term(s) for which academic clemency is desired; the term(s) must be prior to 		
separation.		
 Student must attach a written statement describing the extenuating circumstances along with a letter of support for the student from the program director to the clemency application. 		
 If the request is approved, Academic Clemency will eliminate ALL credits earned during the requested 		
term(s).		
No courses included in the clemency will be counted toward any program requirement at Arkansas Tech		
 University. The student's complete record will remain on transcript with added notation of "academic clemency 		
granted" and the effective date.		
Academic Clemency does not change dates/terms of attendance, and does not restore eligibility for		
students financial aid, scholarships, athletics or other programs/activities.		
By my signature above, I affirm the following:		
 I am requesting Academic Clemency for the term(s) indicated 		
 I understand the above criteria and conditions, and realize each item must be met in order for this 		
be approved.		
 If approved, it is my responsibility to notify any affect.). 	ected departments (Financia	al Aid, academic advisor,
	. USE ONLY:	
	Last Terr	m Attended:
Program Director Date		

Comments:

Graduate School Dean

Date