

# PETITION FOR ACADEMIC CLEMENCY

Office of the Registrar - University of Central Arkansas

\*(REQUIRED) PLEASE PRINT ALL INFORMATION. Incomplete forms cannot be processed.

\*NAME: \_\_\_\_\_

\*ID NUMBER: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\*TELEPHONE: \_\_\_\_\_

I, hereby, petition the University of Central Arkansas for granting of ACADEMIC CLEMENCY, in accordance with the approved policies of the University of Central Arkansas.

I have reviewed the sections regarding eligibility, the application process, and the terms and conditions of the University's Academic Clemency policy. I have signified my understanding of all aspects of the policy by affixing my signature to this petition and initials to each section of the policy.

I agree to abide by all of the terms and conditions of this policy, if this petition is accepted. I understand that any omission or misrepresentation of information pertaining to this petition will be cause for the revocation of academic clemency and/or academic dismissal.

## ELIGIBILITY

\*1. An individual must not have been enrolled in any institution of college or university rank for a period of at least five years (60 months) immediately preceding enrollment or re-enrollment at the University of Central Arkansas.

\_\_\_\_\_ **Initial**

\*2. An individual must be an undergraduate student seeking the initial undergraduate degree (associate or baccalaureate) from the University of Central Arkansas in order to be eligible for academic clemency consideration.

\_\_\_\_\_ **Initial**

## PROCESS

\*1. Application for academic clemency must be made at the time of conditional admission or readmission to the University. A conditionally admitted student who fails to meet the requirements for the granting of academic clemency will not be eligible to continue at the University.

\_\_\_\_\_ **Initial**

\*2. Application for academic clemency must be made through the Office of the University Registrar. The application will be reviewed and the appropriate decision rendered by the University Registrar.

\_\_\_\_\_ **Initial**

\*3. In order for academic clemency to be granted, a minimum 2.0 grade point average and a minimum of twelve semester credit hours must be earned within one calendar year from the date of enrollment or re-enrollment.

\_\_\_\_\_ **Initial**

## TERMS AND CONDITIONS

\*1. Under academic clemency an individual forfeits all grades and credits (including transfer) earned prior to the minimum period of non-enrollment, and such grades and credits will not be considered in any academic deliberations from that point forward at the University of Central Arkansas.

\_\_\_\_\_ **Initial**

- \*2. Courses on which academic clemency is granted will be recorded on the permanent academic transcript but will not be used in the computation of the cumulative grade point average. The notation "Academic Clemency Granted" and date will be placed on the permanent academic transcript to identify those courses excluded from computation in the cumulative grade point average. \_\_\_\_\_ **Initial**
  
- \*3. In regard to financial aid history, state and federal regulation controlling such matters may take precedence over institutional policy such as the granting of academic clemency. \_\_\_\_\_ **Initial**
  
- \*4. In regard to athletic eligibility, all semesters/terms of attendance, including any of granted academic clemency, will be considered in the determination of athletic eligibility certification.  
\_\_\_\_\_ **Initial**
  
- \*5. A declaration and granting of academic clemency may be exercised only once in an individual's academic career, and such declaration and granting is final and irreversible. \_\_\_\_\_ **Initial**
  
- \*6. Policies related to academic clemency pertain only to the University of Central Arkansas and might not be honored by other institutions for admission to undergraduate programs, admission to graduate programs, or admission to professional programs.  
\_\_\_\_\_ **Initial**

\* Signature

Date

**FOR OFFICE OF THE REGISTRAR USE ONLY**

Petition Accepted: \_\_\_\_\_ By: \_\_\_\_\_

Academic Clemency Granted: \_\_\_\_\_ By: \_\_\_\_\_

Academic Clemency Denied: \_\_\_\_\_ By: \_\_\_\_\_

Comments:

Recorded: \_\_\_\_\_ By: \_\_\_\_\_

07312009

**Return completed form to:**

**Office of the Registrar  
 McCastlain Hall, Room 112  
 University of Central Arkansas  
 Conway, AR 72035**

**FAX #: 450-5734**