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Academic Forgiveness
Request to Apply Repeat Policy

Student Information

Student's Name _____ Student's ID (CWID)_____

Repeat Policy

Circumstances may justify a student being able to recover from academic problems in ways that do not forever jeopardize his/her academic standing. The student's academic transcript, however, should be a full and accurate reflection of the facts of the student's academic life. Therefore, in situations which warrant academic forgiveness, the transcript will reflect all courses in which a student was enrolled and in which grades were earned, with the academic forgiveness provisions reflected in such matters as how the retention and graduation grade point average is calculated. Specifically, for those students receiving academic forgiveness by repeating courses the transcript will reflect the retention/graduation grade point average excluding forgiven course(s)/semester(s). The transcript will also note the cumulative GPA, which includes all attempted regularly, graded course work.

I understand that:

- The policy applies only to courses in which the original grade is a "D" or "F".
- The policy applies only to the first four (4) courses or eighteen (18) semester hours that I repeat(ed).
- Both the original grade and the second grade will remain on my permanent academic record, and that both grades will be included in the cumulative grade point average reflected on my official transcript.
- The original "D" or "F" grade for a course designated as a repeated course will be excluded from the calculation of the retention grade point average reflected on my official transcript.
- If I repeat the same course more than once, only the original grade can be excluded from the calculation of the retention grade point average and all other grades earned in that course will be included in that GPA.

Please review my academic record to determine if I have repeated courses, either at OSUIT or at another institution that may apply under the State Regents' Repeat Policy.

Course Title	Course Number	Original Grade		Repeated Grade

By signing below, I confirm that I have read and understand the conditions regarding the repeat policy.

Student Signature _____ **Date of Request** _____

FOR OFFICE USE ONLY:
Repeat Policy   ☐ Approved   ☐ Denied/Reason   Authorized Signature: