PETITION FOR ACADEMIC CLEMENCY

Office of the Registrar - University of Central Arkansas PLEASE PRINT ALL INFORMATION. Incomplete forms cannot be processed.

NAME: _			ID NUMBER: B	TELEPHONE:	:
	Last	First			
ADDRES		A	City	State	Zin Codo
	Street	Apt	City	State	Zip Code
approved process, a aspects of the terms	l polices of the U and the terms and the policy by aff and conditions	University of Central conditions of the Unixing my signature to of this policy, if this	al Arkansas. I have review niversity's Academic Cleater this petition and initials petition is accepted. I un	ACADEMIC CLEMENCY wed the sections regarding of mency policy. I have significe to each section of the policy derstand that any omission eademic clemency and/or—ac	eligibility, the application d my understanding of all y. I agree to abide by all of or misrepresentation of
ELIGIBI	<u>LITY</u>				
				versity rank for a period of at loof Central Arkansas.	
			cansas undergraduate studen clemency consideration.	t seeking the first undergraduatInitial	e degree (associate or
PRO CESS	<u>l</u>				
conditional		nt who fails to meet		litional admission or readmis granting of academic clemen	_
			made through the Office the University Registrar.	of the University Registrar Initial	. The application will be
			minimum 2.0 grade point late of enrollment or re-enro	average and a minimum of two	elve semester credit hours
TERMS A	ND CONDITION	<u>NS</u>			
enrollment,		and credits will not be		ling transfer) earned prior to the deliberations from that poin	
computatio permanent	n of the cumulati	ve grade point avera	ge. The notation "Academ	ermanent academic transcript ic Clemency Granted" and deputation in the cumulative gra	ate will be placed on the
		istory, state and federa		ch matters may take precedenc	e over institutional policy
			s/terms of attendance, inc ty certificationIniti	cluding any of granted aca	demic clemency, will be
		ng of academic clemnal and irreversible.		nly once in an individual's a	academic career, and such
				Central Arkansas and might grams, or admission to profess	
G*				D.4	

Return completed form to: Office of the Registrar, Harrin Hall, Suite 224, Conway, AR 72035 FAX #: 450-5734