## PETITION FOR ACADEMIC REPRIEVE



BU ID Number:

This form is for students who are requesting an Academic Reprieve, which permits current matriculated undergraduates seeking their first bachelor's degree to petition for an adjustment of their academic record for one semester of college work. If an academic reprieve is granted, the earned credit and grades for all courses taken during the identified semester will be voided from the calculation of the student's cumulative grade point average. Courses excluded from the GPA in this manor will not count toward earned hours or degree requirements, including the general education core, courses for the student's major or minor, or electives. Refer to the Bellarmine catalog for full Academic Forgiveness details.

Major/s:	
Minor/s:	
Anticipated Graduation:	Year: 20
, ,	r successfully completing 12 or more credits at Bellarmine, ter the last term for which reprieve is requested.
Semester and Year of requested Academ	nic Reprieve (e.g. Fall 2020):
•	olicy in Bellarmine's catalog and understand that the credit uested semester of academic reprieve will no longer count it hours, or degree requirements.
Student Signature:	
Date:	
Required Approvals	

I approve this request for an Academic Reprieve and have discussed with the student that a reprieve

may impact the cumulative GPA calculation, financial aid, class standing, satisfactory academic

Signature of Academic Advisor:

progress, time to graduation, and other factors.

Student's Academic Advisor

Date:

Student Name:

I have met with the petitioning students and discussed how an academic reprieve may impact financial aid benefits.
Signature of Financial Aid Officer:
Date:
<b>STUDENT-ATHLETES</b> All student-athletes must obtain a signature from the Director or Assistant Director of the Department of Academic Services and Support for Student-Athletes prior to submitting a request for academic reprieve.
<u>Director or Assistant Director of the Department of Academic Services and Support</u> I approve this student's request for an academic reprieve.
Signature:
Date:
MILITARY-AFFILIATED STUDENTS  All military-affiliated students must obtain a signature from the Director or Student Success Program Coordinator of the Office of Military and Veteran Services prior to submitting a request for academic reprieve.
<u>Director or Student Success Program Coordinator of the Office of Military and Veteran Services</u> I approve this student's request for an academic reprieve.
Signature:
Date:
INTERNATIONAL STUDENTS  All international students must obtain a signature from the Coordinator of International Student Support in the Office of International Student and Scholar Services prior to submitting a request for academic reprieve.
Coordinator of International Student Support I approve this student's request for an academic reprieve.
Signature:
Date:

Submit completed petition to the Office of the Registrar: <a href="mailto:registrar@bellarmine.edu">registrar@bellarmine.edu</a>
Centro Horrigan Hall room 205

Bellarmine Financial Aid Officer