

REQUEST FOR ACADEMIC SECOND CHANCE

Student Name (ple	ase print full name): _		
Student ID:		or Date of Birth: _	
Email:			
Local Address:			
Phone#:		Note: Address information on this signed specify otherwise by checking here:	form will be used to update your record unless you –
			ansfer coursework and may be granted ution, agency, organization, or scholarship
ASC courses remain a part of student's transcript with a notation that academic second chance has been applied and that grades are not included in GPA calculation.			
	•	a repeat of an earlier course, the original licy will be added back into the GPA as	nal course which had been excluded from though it had never been repeated.
I have been ou		ASC APPROVAL: higher learning for a period of two (2) transcript, the student is considered "	
I have not alrea	ady earned a baccalau	ureate (4-year) degree.	
	enrolled at MSU and least		rs of coursework since returning. My GPA
I am requesting ASC for a single semester or a continuous series of semesters. (semesters no longer have to be continuous effective Fall 2014)			
	r for which I request A mester(s), regardless	ASC to be applied contains grades lowe of grades earned.	r than a C. ASC will be applied to all
I am requesting	g ASC for the followin	g semester(s)	
I have read the Acad	emic Second Chance po	licy and I certify that I have met <u>ALL</u> the ab	pove criteria.
Student Signat	ure:		Date:
or fax to (270) 809	2777	Murray State University, 113 Sparks H	•
OFFICE USE ONLY	D	CDA	Day and to IMP
Granted:	Denied:	GPA on new coursework:	Processed in INB:

Rev. 2/2014