

**Chadron State College  
FYI Academic Reprieve Form**

Name \_\_\_\_\_ NUID \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

FYI Course and Semester/Year (ex. Spring 2014) for FYI Academic Reprieve \_\_\_\_\_

FYI Course and Semester/Year to replace previously taken FYI \_\_\_\_\_

Advisor's Name \_\_\_\_\_

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**Students may apply for “academic reprieve” for previously taken First Year Inquiry (FYI) courses. “Academic Reprieve” results in a grade being absolved from a student’s grade point average and the grade not being calculated into the student’s current or cumulative grade point average. An annotation is added to the student’s transcript indicating that academic reprieve was granted for the course. Students cannot apply for reprieve until after the course is graded and have until two weeks into the subsequent semester of enrollment to complete the academic reprieve process requirements listed below.**

**PROCEDURE:**

1. Complete the academic reprieve application form and submit it to your advisor and the Dean for Liberal Arts School and Essential Studies Program.
2. Understand approval of the reprieve will count this course as a repeat course for financial aid purposes. Therefore, it will not be eligible for financial aid. If you have already received financial aid for the FYI course in which you are requesting reprieve, your financial aid may be adjusted to reflect the FYI repeat course and may cause you to repay financial aid if you have already received it. My initials demonstrate that I understand these financial aid consequences. \_\_\_\_\_ (initials)
3. Submit the form to the START Office, and the FYI Academic Reprieve will be granted and entered on your transcript.
4. FYI Academic Reprieve applies only to First Year Inquiry Courses and can be granted only once.

I hereby certify that I have discussed this with my advisor and the Financial Aid Office and I understand the conditions and possible repercussions of FYI Academic Reprieve.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean for Liberal Arts School and Essential Studies Program Signature \_\_\_\_\_

Date \_\_\_\_\_

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## RECOMMENDED ACTION

Associate VP of Student Services  
Date \_\_\_\_\_

Approval \_\_\_\_\_ Yes \_\_\_\_\_ No

Director of Records  
Date \_\_\_\_\_

Approval \_\_\_\_\_ Yes \_\_\_\_\_ No

Revised 9/2014  
Revised 1/2017