Academic Renewal Request Form

Please print clearly

Name: ___________________________________________ Student ID Number: __________________________

Phone: __________________________

I request academic renewal for the following CRC course(s):

► Course Name: ____________________ (Example: ENGWR 300)

Semester of D, F, or NC/NP: □ Summer □ Fall □ Spring Year: _______

► Course Name: ____________________ (Example: ENGWR 300)

Semester of D, F, or NC/NP: □ Summer □ Fall □ Spring Year: _______

► Course Name: ____________________ (Example: ENGWR 300)

Semester of D, F, or NC/NP: □ Summer □ Fall □ Spring Year: _______

► Course Name: ____________________ (Example: ENGWR 300)

Semester of D, F, or NC/NP: □ Summer □ Fall □ Spring Year: _______

I have read and understand the following:

▪ The grade will remain on the transcript, but will not be calculated in the gpa.
▪ Academic renewal cannot be reversed.
▪ A minimum of 12 consecutive months has passed since the end of the semester or summer session in which the substandard grade (D, F, NC, NP) was recorded.
▪ A minimum of 12 units with a grade of C or P or better has been earned after the semester in which the substandard grade (D, F, NC, NP) was recorded. If you are using coursework from outside Los Rios to meet this requirement, official college transcripts must be on file with the Admissions and Records Office at CRC.
▪ Academic renewal cannot be requested for coursework that still applies to a student’s current educational goal.
▪ Academic renewal cannot be requested for coursework that was previously used to fulfill requirements for a degree or certificate.
▪ Acceptance of our academic renewal policy by another college/university is at the discretion of that institution.
▪ No more than 30 units of substandard grades may be academically renewed.
▪ Since D grades may still be of value, I have discussed my request with a counselor.

Allow 7 working days for your transcript to reflect the change. If the current semester/summer session must end in order for you to meet eligibility requirements, please factor in the term’s end date before staff can process this request.

Student’s Signature: ___________________________________________ Date: __________________________

Staff Use Only: ___Approved ___Denied

Comments: __________________________________________________________________________________________

________________________________________________________________________________________

Initials/Date: __________________________