

**SUNY BUFFALO STATE
GRADUATE ACADEMIC CLEMENCY**

Revised 01/26

*A student may petition for academic clemency if: (1) s/he has a Buffalo State graduate GPA of less than 3.0 and (2) s/he does not have previous Buffalo State graduate enrollment for at least one year prior to the application for admission.

Students Name	Banner ID:
Email Address	Major/Program:

PART 1: Academic Clemency Understanding.

The student mentioned above agrees to the following conditions that will apply to their academic record:

1. Forfeit the following graduate courses and grades from the following semester at Buffalo State for readmission to a graduate program.

Summer	(year)	FALL	(year)	J-TERM	(year)	SPRING	(year)
<i>Course and Credit Hours</i>		<i>Course and Credit Hours</i>		<i>Course and Credit Hours</i>		<i>Course and Credit Hours</i>	
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2. Although the grades for these courses will be removed from my CGPA calculation, they still appear on my transcript as courses attempted unsuccessfully, with a code indicating academic clemency.
3. Therefore, I realize that I might not be in compliance with the federal Satisfactory Academic Progress (SAP) policy, which could make me ineligible for federal aid.
 - Thus, if necessary, I will appeal my ineligibility with the Academic Standards Office before the semester I plan to return to classes.

PART 2: ACADEMIC PLAN (to be completed with the Chair/Program Coordinator of the students' program)

FALL	(year)	J-TERM	(year)	SPRING	(year)	SPRING	(year)
<i>Course and Credit Hours</i>		<i>Course and Credit Hours</i>		<i>Course and Credit Hours</i>		<i>Course and Credit Hours</i>	

PART 3: CERTIFICATION AND AFFIRMATION (to be signed by the student and Chair/Program Coordinator.)

Student: My signature below certifies that I understand the terms of the clemency decision are final and can only be reversed by petition through the Academic Standards Office. Thus, by signing this document, I agree to all its terms.

Student Signature:	Date:
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Chair/Coordinator: I support this student's academic clemency and course list. I agree to provide additional resources as needed.

Chair/Program Coordinator Signature:	Date:
Assoc Vice President Academic Affairs:	Date