

Academic Second Chance

Policy Statement: An undergraduate student previously enrolled at Jackson State University who has not been enrolled in any post-secondary education institution since leaving Jackson State may be eligible for matriculation under the Academic Second Chance Policy. The Academic Second Chance Policy option must be requested within the first or second semester of readmission to the University. Please note: Students may use this option ONE time.

Under the Academic Second Chance option:

- 1. The student must have been separated from the University for a minimum of twelve (12) consecutive months.
- 2. All academic credit hours and grades earned during the previous enrollment at the University will remain on the student's transcript.
 - Academic credit hours with grades of "C" and above may be used to meet degree • requirements.
 - Academic credit hours with grades of less than "C" will not be used to compute the student's grade point average (GPA).
- 3. The student must meet all requirements that are in effect at the time of readmission to the University.
- 4. Student Responsibilities include the following:
 - Obtain an official notification of readmission from the Office of Admissions and the • Office of Financial Aid.
 - Where appropriate, verify financial aid status in the Office of Admissions and the Office of Financial Aid.
 - Obtain an application for Academic Second Chance from the Office of Registrar and • Records.
 - Develop a program of study in consultation with an advisor in your major department. •
 - Complete the application for *Academic Second Chance*. •
 - Obtain signature of department chair in the major area, major academic advisor, and the • school dean.
 - Submit completed application and two letters of recommendation to the Office of the • Registrar and Records. Please note: The letters of reference should be from faculty who can speak to your potential to improve academic performance.
 - Develop a schedule and attend weekly meetings with an academic advisor for monitoring and tracking purposes.
 - Develop a schedule and attend tutoring sessions for classes where difficulties are experienced.

Name:	J#	Major		
Street Address:	Apt. #	City	State	Zip Code
Telephone # - Home:	Business:		Mobile:	
Date of Last Enrollment at JSU		_ Expected Date of C	Graduation	
Student Signature	Date	Department Ch	air	Date
Major Department Advisor	Date	School Dean		Date
Please return this form to the registrar's of	office via the method.	s noted below. For electro	onic submissions	s, use your JSU email

account to submit this form.

Date

Processed by:

8/4/2021

Office of the Registrar and Records | P.O. Box 17125, Jackson, MS 39217 | Fax (601) 203-5001 | Email: studentrecords@jsums.edu