

# PETITION FOR ACADEMIC RENEWAL

University of Missouri-Columbia  
Office of the University Registrar

Please print

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

Student Number \_\_\_\_\_ Current School/College \_\_\_\_\_

List the term(s) to which you wish to be dropped according to the academic renewal policy:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Return completed forms to the Office of the University Registrar-Records Department,  
126 Jesse Hall.**

I have read and understand the Academic Renewal Petition regulations listed on the reverse side of this form.

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