

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,
125 Jesse Hall.**

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

Student Signature _____ Date _____