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 University Registrar's website.

Student Signature  ___________________________  Date____________