

REQUEST FOR GPA ADJUSTMENT**COURSE REPEAT POLICY**

University of Missouri-Columbia
Office of the Registrar
126 Jesse Hall

Name: _____
Last First Middle

Student Number: _____ Current School or College: _____

Original Course Information	Repeated Course Information
Term: _____	Term: _____
Department: _____	Department: _____
Course Number: _____	Course Number: _____
Course Title: _____	Course Title: _____
_____	_____
Grade: _____	Grade: _____

Return Completed Form to the Office of Records and Transcripts, 126 Jesse Hall.

I have read and understand the University of Missouri-Columbia Course Repeat Policy.

Student Signature: _____ Date: _____