REQUEST FOR GPA ADJUSTMENT

COURSE REPEAT POLICY

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

Name: _____ _____ _____
Last First Middle

Student Number: _____ Current School or College: _____

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

Return Completed Form to the Office of Records and Transcripts, 125 Jesse Hall.

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

Student Signature: _____ Date: _____