Academic Renewal Request

Email: Registrar@MissouriState.edu
Phone (417) 836-5520, Fax (417) 836-6334
901 S National Ave, Carrington Hall 320
Springfield, MO 65897



Review the <u>Academic Renewal Policy</u> before completing this form. Print a copy of your unofficial transcript available in My Missouri State. Bring the unofficial transcript and this form with you when meeting with your advisor and with the Associate Provost for Student Success.

Important note: If you choose Academic Renewal, you may be ineligible for financial aid. Contact the Office of Student Financial Aid before deciding if Academic Renewal is right for you.

Student I	Name:	M-Number				
		Last	First	MI		
Mailing A	ddress:					
		Street or P.O. Box		City	State Zip cod	
Email Ad	dress:					
Check yes	or no to t	he following four questions:				
Yes No Are you currently enrolled this semester?						
		Have you ever received GI	•		•	
Yes	No	from a Certifying Official in	the Missouri State	University Veteran St	cudent Center.	
		Signature of Certifying Official (required)			Date	
Yes	No	Have you met with your advisor to discuss the Academic Renewal Policy?				
Yes	Signature of advisor (required to be seen as a second to be second to be seen as a second to be second to be seen			icy? Examples: grades will still appear on your		
		cussed this policy with my ad for the following semester a				
, issue meneral for the following semester (ma an prior seriese	Semester and Year		
By signing semester/		, you acknowledge that you w en.	vill lose all credit fo	r all coursework comp	pleted prior to the	
		Student Signa	ature (required)		Date	
Chief Academic Strategy Officer or Designee Signature (required)					Date	
Office use o	nlv:				Date:	