

Academic Renewal Request

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Phone (417) 836-5520, Fax (417) 836-6334
901 S National Ave, Carrington Hall 320
Springfield, MO 65897



OFFICE of
THE REGISTRAR

Student Name: _____ M-Number _____
Last First MI

Mailing
Address: _____
Street or P.O. Box City State Zip code

Email
Address: _____ Are you currently enrolled? ☐ Yes ☐ No

Please read and initial each statement:

_____ I have read and understand the [Academic Renewal Policy](#), including Eligibility, Scope of Renewal, Limitations, and the Application Process.

_____ I have met with my advisor to discuss the Academic Renewal Policy.

_____ I understand that Academic Renewal may mean I will be ineligible for financial aid. It is recommended that I contact the Office of Student Financial Aid before submitting the Academic Renewal Request.

_____ I understand that if I have ever received GI Bill benefits at any institution, I must obtain approval for a Certifying Official in the Missouri State University Veteran Student Center.

_____ I have read and discussed this policy with my advisor, and I wish to invoke Academic Renewal for the following semester **and** all prior semesters: _____
Semester and Year

Approvals

_____ Advisor Signature (required) _____ Date

_____ Certifying Official Signature (if needed) _____ Date

_____ Chief Academic Strategy Officer or Designee Signature (required) _____ Date

By signing this form, I acknowledge that I will lose all credit for all coursework completed prior to the semester/year chosen.

_____ Student Signature (required) _____ Date

Office use only: _____ Date: _____

Form revised 02/13/2026