

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



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