

# Dual Credit Change on Student's Transcript Record Request

Email: [Registrar@MissouriState.edu](mailto:Registrar@MissouriState.edu)  
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Form revised 8/3/2021

This form is used by the Dual Credit Office to request a change be made to a dual credit student's transcript record.  
**Note:** the requested change may impact tuition/fees/finance charges already applied to the student's account.

Student Name: \_\_\_\_\_ BearPass #: M \_\_\_\_\_  
Last First MI

### Dual Credit Course Information:

CRN	Course Subject	Course Number	Section Number	Course Title	Credit Hours

Semester/year Dual Credit course was taken: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Year Year Year

Last day of attendance: \_\_\_\_\_

Grade currently on transcript or enter "none" if a grade has not been assigned yet: \_\_\_\_\_

High School name: \_\_\_\_\_

Instructor of Record name: \_\_\_\_\_

### Requested Information:

Students are refunded for dropped courses per the Fee Schedule approved by the Board of Governors. Students receive a "W" grade in the course if dropped after the Change of Schedule period (100% refund period). If an exception to this policy based on dual credit circumstances is requested, please indicate and provide rationale in box below number 4.

**1. Refund Requested:** 100% 75% 50% 25% 0%  
Remove finance charges related to this course

**2. Grade Change Requested:** No grade W – Withdrawal grade

**3. Rationale for Request:** Select one and provide details on why this change is being requested in the box below number 4.

High School Counselor Error/Mis-advisement  
High School Instructor Error/Mis-advisement  
Student Moved out of High School District

University Error/Mis-advisement  
Extenuating Circumstance  
Other

**4. Attach supporting documentation to form** (e.g., email from high school counselor or instructor)

\_\_\_\_\_  
Dual Credit Staff Name (print)

\_\_\_\_\_  
Dual Credit Staff Signature

\_\_\_\_\_  
Date

Office use only-Processed by: \_\_\_\_\_

Date: \_\_\_\_\_