

Academic Renewal Request



OFFICE of
THE REGISTRAR

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

Review the [Academic Renewal Policy](#) 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 Vice President 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 Name: _____ M-Number _____
Last First MI

Mailing Address: _____
Street or PO Box City State Zip

Email Address: _____

Check yes or no to the following four questions:

Yes ___ No ___ Are you currently enrolled this semester?

Yes ___ No ___ Have you ever received GI Bill benefits at any institution? If "yes", you must obtain approval from a Certifying Official in the Missouri State University Veteran Student Center.

Signature of Certifying Official (required) Date

Yes ___ No ___ Have you met with your advisor to discuss the Academic Renewal Policy?

Signature of Advisor (required) Date

Yes ___ No ___ Do you understand the implications of this policy? Examples: grades will still appear on your transcript, you will lose credit for passed courses, the decision is irrevocable, etc.

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

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

Student Signature (required) Date

Associate Vice President for Student Success or Designee Signature (required) Date

Office use only: _____ Date: _____