Request to Retake a Course

Name		9-digit ID	Net ID	
Degree				
		Minor		
Concentration				
Semester / Year o	of Admission to Pro	ogram		
******	*******	***********	********	
per degree progran initially taken at Mis	n of study. Approval s ssissippi State Univer	should be secured before repeating th rsity and can be repeated only at Miss	Illege dean, a student may repeat one course the course. The policy applies only to a course dissippi State University. The policy applies to student after admission to a specific program	
	-		used to compute the final grade point average be generated from a repeated course.	
	☐ Studer	nt has not previously used their one co	ourse retake.	

Course Subject and	d Number (ex. ABC 8	3803) Course Title		
Briefly describe the	justification for repe	ating the course:		
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Typed / Printed Name		Approval Sig	Approval Signatures	
Typea / Tillica Nai	1110	Approvations	nataros	
Student			Date	
Major Professor			Date	
Graduate Coordinator			Date	
College Dean			Date	