Request to Retake a Course

Name		9-digit I	ID	Net ID	
_	First	Middle			
			linor		
Major Concentration		_	linor		
Semester / Ye	ar of Admission to Program	າ			
****	********	******	******	*******	*****
program of stud State University	val of the major professor, the y. Approval should be secured v and can be repeated only at ly) taken as a graduate studen	before repeating the cou Mississippi State Unive	urse. The policy a ersity. The policy	applies only to a course initiall	y taken at Mississipp
	ill remain on the permanent tra only once. No additional progr				average. The course
		nt has <u>not</u> previously us	sed their one cou	rse retake.	
****	******	******	*****	*******	****
	Course Prefix & Nur	mber CRN Code	Section	Course Title	
	Graduate				
Briefly describ	e your justification for repea	ating the course:			
	********				*****
Typed / Printe	d Name	A	Approval Signa	tures	
Student					Date
Major Professor					Date
Graduate Coordin	nator				Date
College Dean		 -			 Date