REQUEST FOR ADJUSTMENT OF REPEATED COURSES FORM

(Please print)

Name: __________________________________________ ID #: __________________________
  (Last)                                                     (First)
Phone #: (______)________________________________________ Email: ______________________

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Semester First Taken</th>
<th>Grade</th>
<th>Semester Repeated</th>
<th>Grade</th>
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Are you GRADUATING this semester? _____ Yes _____ No

Are you on SCHOLASTIC PROBATION or ENFORCED WITHDRAWAL? _____ Yes _____ No

Have you requested a transcript to be sent after grade change? _____ Yes _____ No

Student’s Signature: __________________________________________ Date: ____________________

Completed form can be submitted to: Javelina Enrollment Services Center located in the Memorial Student Union Building (room 132); faxed to the Registrar’s Office at 361-593-2195; or scanned and emailed as an attachment to registrar@tamuk.edu. If you have questions, please contact the Registrar’s Office at 361-593-2811.

For Registrar’s Office use only:

Processed By: ____________________________ Date Completed: __________________________