



**REQUEST FOR ADJUSTMENT OF REPEATED COURSES  
FORM**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
(Last) (First)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Course Name	Course Number	Semester First Taken	Grade	Semester Repeated	Grade

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](mailto:registrar@tamuk.edu). If you have questions, please contact the Registrar's Office at 361-593-2811.

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For Registrar's Office use only:  
Processed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_