



REQUEST FOR ADJUSTMENT OF REPEATED COURSES FORM

(Please print)

Name: (Last) (First) ID #:

Phone #: () Email:

Table with 6 columns: Course Name, Course Number, Semester First Taken, Grade, Semester Repeated, Grade. It contains four empty rows for data entry.

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: