

# Coursework (GPA Improvement) Retake Approval Form

The University of Southern Mississippi  
Graduate School  
118 College Drive #5024 Hattiesburg MS 39406

*This PDF form is fillable. Handwritten copies will not be accepted.*

Student should complete this form, sign, obtain advisor's signature, and submit completed form via email.

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Name (First, Middle, Last): \_\_\_\_\_

A graduate student may retake only one graduate level course in order to improve their grade point average.

Course Prefix (ex: ACC)	Course Number (ex. 560)	1st Term Taken	Term Repeated
_____	_____	_____	_____

Advisor Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Student Signature:\* \_\_\_\_\_

\*Student's signature indicates student understands this policy.

\*See Graduate Bulletin: General Academic Information "Course Retake Policy" section.

Dean of the Graduate School Signature: \_\_\_\_\_

AA/EOE/ADAI

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Graduate School Use Only

Degree Auditor Processed: \_\_\_\_\_ Date: \_\_\_\_\_