

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

Graduate School Use Only

Degree Auditor Processed: _____ Date: _____