

Undergraduate Academic Renewal Request Form

University of Central Missouri - Office of Enrollment Management
Ward Edwards, Suite 1000; (660) 543-4811; fax (660) 543-8400

Students returning to UCM after an absence of three or more calendar years may request academic renewal. The renewal can apply to multiple semesters (do not need to be consecutive) and will affect only courses taken at UCM prior to the absence. The follow rules apply:

- Does not include transfer work.
- Academic renewal does not remove grades from the academic transcript. A notation on the transcript will indicate the academic renewal and will remove the hours and grades from the GPA calculation.
- Any degree requirements met during the designated term(s) will need to be repeated.
- Credit hours forgiven by this policy cannot be used to meet any requirements (prerequisite, graduation, upper-level hours, residence hours, certification, etc.).
- Once approved and processed academic renewal cannot be rescinded.
- Cannot predict how other bodies (graduate school, law school, medical school, etc.) will interpret or accept UCM's policy.
- Request must be made no later than one semester prior to degree conferral.
- Final approval is made by the Assistant Vice Provost for Enrollment Management.
- A student cannot request UCM's academic renewal policy if a similar policy from another institution was approved on transfer credits.
- Students who receive financial aid must meet with a Financial Aid Counselor in Student Financial Services to determine how Academic Renewal could impact aid. Awarding of scholarships after Academic Renewal will be determined by the awarding body.
- Students who have ever received GI Bill benefits at any institution must contact Military and Veteran Services.
- Student athletes must contact the Senior Associate Athletic Director.
- International students must contact the Graduate and International Student Services Office.

Student Name: _____
Last First M.I.

Student Number: 700 _____

List the terms(s) below to be considered for academic renewal: (Example: Fall 2013)

_____	_____	_____
_____	_____	_____

I have read and understand the Academic Renewal Guidelines and I wish to invoke the policy for the term(s) listed above. I understand I will lose all credit for all coursework completed during the terms listed above and any degree requirements met during the designated term(s) will need to be repeated. I understand that once approved and processed this appeal cannot be rescinded.

Student Signature (REQUIRED) Date

Academic Advisor Signature (REQUIRED) Date

Financial Aid Counselor Signature (REQUIRED) Date

Sr. Associate Athletic Director Signature (if student athlete) Date

Director of Military & Veteran Services Signature (if using/used GI Bill) Date

Assistant Director of GISS Signature (if international student) Date

Assistant V.P. of Enrollment Management Signature Date

Return completed form with all appropriate signatures to:
Office of Enrollment Management
By mail or in person to Ward Edwards 1000, Warrensburg, MO 64093;
or by e-mail to goos@ucmo.edu or fax to (660) 543-8400

Reviewed by: _____ Approved _____ Denied _____ Date: _____