

ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY Office of the Registrar	Post Office Box 908 Telephone: (256) 372-5254 Fax: (256) 372-5253
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RECORD CORRECTION FORM

Date: _____

Name: _____

(Last)
(First)
(M.I.)

Student Number: _____

Local Address: _____

Phone Number: _____

REPEATED COURSE(S) List all the courses that you have repeated. Indicate the semester in which you first took the class and the second time you took the class, along with the grade that was earned each time. The lowest grade will not be calculated in your GPA, but will remain on your record. Please do not submit this form until you have completed the course.

Course Title & Number	1 st Time		2 nd Time	
	Grade	Semester	Grade	Semester

OTHER This section is for problems with your record.
