



Office of the Registrar
 Alabama A&M University
 204 Patton Building
 Normal, AL 35762
 256-372-5254

Record Correction Form

Date: _____

Name: _____
Last First MI Banner No. _____

Address: _____
Route, POB, or Number/Street City State Zip

Day phone: _____ Date of birth: _____
mm dd yyyy

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 Abbreviation, Number, Title	First Time		Second Time	
	Grade	Semester	Grade	Semester

OTHER (This section is for problems with your record):

Student Signature (REQUIRED): _____ Date: _____