**REPEAT COURSE FORM**

*Please use one form per request*

**Student Name_________________________ Request Date_________________________**

**First Attended Minnesota State Mankato ____________________________**

(Semester) (Year)

**Tech ID ________________**

For office use only

File Number ___________________________

**ORIGINAL COURSE**

<table>
<thead>
<tr>
<th>State</th>
<th>Transfer</th>
<th>Term</th>
<th>Year</th>
<th>College/University</th>
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</table>

Course Number ________ Course Title ________ Credits ________ Grade ________

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Course Number ________ Course Title ________ Credits ________ Grade ________

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**Department signature required only for transfer repeat courses with no equivalency.**

(Please provide course description)

If signed, please return this form directly from the department to the Office of the Registrar.

* ________________________________

Department Official Signature ___________________________ Date ___________________________

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*Department Only:*

☐ Please check box if this course has been repeated by a Minnesota State Mankato course of the same year and is desired to be used as a university-wide equivalency. This course will be encoded into the DARS system for all students to utilize for degree auditing purposes.

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Return this completed form to the Office of the Registrar, WA 132

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