

REPEAT COURSE FORM

Return this completed form to the Registration and Academic Records Office, WA 132 or submit at <https://link.mnsu.edu/raar> using the topic Grades/Grade Changes.

Student Name _____ Date _____

Tech ID or Star ID _____

Original Course:

_____	_____	_____		
College/University	Year	Term	<input type="checkbox"/> MSU Course	<input type="checkbox"/> Transfer Course
_____	_____	_____	_____	_____
Course Title	Course Subject	Course #	Credits	Grade

Repeat Course:

_____	_____	_____		
College/University	Year	Term	<input type="checkbox"/> MSU Course	<input type="checkbox"/> Transfer Course
_____	_____	_____	_____	_____
Course Title	Course Subject	Course #	Credits	Grade

Most students will not need to complete the bottom half of this form.

Department Chair signature is only required if either the original course or repeat course is from another University **AND** there is not a direct MSU equivalent. This signature should come from the **MSU course subject** department.

If signed, the department should return this form directly from the department to the Registration and Academic Records Office.

Name of Department Chair: _____

Department: _____

Department Chair Signature

Date



Minnesota State University, Mankato
A member of Minnesota State

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This document is available in alternative format to individuals with disabilities by calling
Registration and Academic Records at 507-389-6266 (V), 800-627-3529 or 711 (MRS/TTY).