UNDERGRADUATE 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:				
Instructions: Please list the inform	nation below for the origi	nal and repeated course.		
Original College/University Nam	e:			
Year:	Term:	Credits:	Grade:	
Course Title:		Course Subject:		Course Number:
Repeat College/University Name:				
Year:	Term:	Credits:	Grade:	
Course Title:		Course Subject:		Course Number:
Please provide a brief explanation of your request:				
	niversity policies. Departi	ments can utilize the Tra	nsfer Ev	is in accordance with the aluation System (TES) to submit Equivalencies & Transfer Evaluation
* MINNESOTA STATE	Minnesota State University,	Mankato A member of the Minneso	ota State syste	m and an Affirmative Action/Equal Opportunity University.