



# 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 \_\_\_\_\_

<b>ORIGINAL COURSE</b>	<b>MN</b>	<b>State</b>	<b>Transfer</b>	<b>Term</b>	<b>Year</b>	<b>College/University</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Course Number</b>		<b>Course Title</b>		<b>Credits</b>	<b>Grade</b>

<b>REPEAT COURSE</b>	<b>MN</b>	<b>State</b>	<b>Transfer</b>	<b>Term</b>	<b>Year</b>	<b>College/University</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Course Number</b>		<b>Course Title</b>		<b>Credits</b>	<b>Grade</b>

**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

Catalog year(s) \_\_\_\_\_ to \_\_\_\_\_

**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.

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

A member of the Minnesota State Colleges & Universities System.  
Minnesota State University, Mankato is an Affirmative Action/Equal Opportunity University.  
This document is available in alternative format to individuals with disabilities by calling  
the Office of the Registrar at 507-389-6266 (V), 800-627-3529 or 711(MRS/TTY). Rev. 9/05