

Repeated Course Form

Star ID or Dragon ID _____

Name _____

Email Address: _____

List the course you are taking which is a repeat of a course taken during a previous term. Only the most recent attempt will be computed in your grade point average at the time you complete the repeated course.

NOTE: This notice is not required if you received a previous grade of "W", "AU", or "IP".

Subject	Course #	Course Title

Course ID	Credits	Year/Term	Instructor

If the previous course had a different number, title, or credit value, list the information below and secure the department chairperson's signature to authorize the substitution.

Subject	Course #	Course Title

Course ID	Credits	Instructor

Student's Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Return form to:

Minnesota State University Moorhead
Registrar's Office | Owens Hall 210
1104 7th Ave S
Moorhead MN 56563
Phone: 218.477.2565
Fax: 218.477.2941
Email: Registrar@mnstate.edu