

Repeat Request

NOTE: Please review Metropolitan State University's Grading Policy (Section7B.6) before completing this form. The policy is online at: https://db.metrostate.edu/webapps/drep/Policy2080.pdf

Gateway Student Services Center Founders Hall 700 East Seventh Street Saint Paul, Minnesota 55106-5000 E-mail: records.registration@metrostate.edu Phone: 651-793-1300

Who needs to use this form?

Students who have repeated a course at Metropolitan State University.

All students must complete the Student Information portion. Complete sections 1-3 (and whichever of sections 2a and 2b applies to you). All of the information requested is available in your online "Academic Record" in Student e-Services.

Important Notes

- Only courses originally taken at Metropolitan State University and then repeated at Metropolitan State University are applicable.
- If a course is repeated once, only the higher grade is used in the grade point average calculation.
- If a course is repeated more than once, the grade point average calculation includes all attempts except the first one.

How to Submit

Submit the completed form by using the E-mail button below or to the Gateway Student Services Center by mail or inperson (AFTER you have completed and received a grade in all course attempts for which you would like a repeat processed).

E-mail

	Section	on 1: Student Informati	on	
Student Name:		First		Middle
Metropolitan State student ID:				
vietropolitan State student IL	:	_	_	
Phone (with area code): (H) (_		(W) ()	(C)	
		Section 2a		
Complete this section if you vnecessary when completing	vant to repeat a course for this section.	or which you originally earned a gra	ade of D or F. O	nly the student signature is
Course Number	Title of Course		Credits	Instructor
DSCI 630	Project Risk Mgmt		4	Nezhad
		Section 2b		
		al course was higher than a grade of prior to repeating the course.	of D. You must	obtain the signature of the
Course Number	Title of Course		Credits	Instructor
DSCI 630	Project Risk Mgmt		4	Nezhad
			<u> </u>	
		Section 3: Signature		
Signature of Dean:				Date: / / / YYYY
Student signature:				Date: / / / YYYY
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