Where life and learning meet.℠

Metropolitan State University

Repeat Request

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

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

Who needs to use this form?

Students who have repeated a course at Metropolitan State University PRIOR to Summer 2015. Starting Summer 2015 repeat grades will automatically be updated once per semester, no form is needed for courses repeated AFTER May 2015.

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 in-person **(AFTER you have completed and received a grade in all course attempts for which you would like a repeat processed).**

E-mail

Section 1: Student Information

Student Name: _____ _____ _____
Last *First* *Middle*

Metropolitan State student ID: __ __ __ __ __ __ __ __ Metropolitan State e-mail address: _____@go.metrostate.edu

Phone (with area code): (H) (_____)_____-_____ (W) (_____)_____-_____ (C) (_____)_____-_____

Section 2a

Complete this section if you want to repeat a course for which you **originally earned a grade of D or F**. **Only the student signature is necessary when completing this section.**

Course Number	Title of Course	Credits	Instructor
DSCI 630	*Project Risk Mgmt*	*4*	*Nezhad*

Section 2b

Complete this section if the grade earned in the **original course was higher than a grade of D**. **You must obtain the signature of the Dean of the college in which the course is offered prior to repeating the course.**

Course Number	Title of Course	Credits	Instructor
DSCI 630	*Project Risk Mgmt*	*4*	*Nezhad*

Section 3: Signature

Signature of Dean: _____ Date: _____/_____/_____
MM DD YYYY

Student signature: _____ Date: _____/_____/_____
MM DD YYYY

Questions? Contact the Gateway Student Services Center