

Repeat Request

Who needs to use this form?

Undergraduate students: An auto repeat process is run at the end of each semester and the Repeat Course Form only needs to be submitted if you have repeated and completed a course prior to 2016.

Graduate students: Any graduate student that wishes to repeat a course will need to submit this form with their dean's or advisor's signature. All of the information requested is available in your online academic record in student eServices.

Important notes

- Only courses originally taken at Metro State University and then repeated at Metro 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

Email: records.registration@metrostate.edu

Mail: Registrar's Office, Metro State University, 700 East Seventh Street, Saint Paul, MN 55106

In-person: Gateway Student Services

Do not submit the form until you have completed and received a grade in all course attempts for which you would like a repeat processed.

For general questions contact Gateway Student Services at 651.793.1300 or gateway@metrostate.edu.

SECTION 1: STUDENT INFORMATION

Last name

First name

Middle name

Metro State student ID number

Metro State email address

Phone number (with area code)

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 for undergraduate students when completing this section. Graduate students will need the signature of their dean or advisor.**

Course number	Title of course	Credits	Instructor

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	Office use only

SECTION 3: SIGNATURE

Signature of dean or advisor (see above): _____ Date (MM/DD/YYYY): _____

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

Contact us: records.registration@metrostate.edu