

DESIGNATION OF REPEATED COURSE FORM

IOWA STATE UNIVERSITY

OFFICE OF THE REGISTRAR

This form must be in the Office of the Registrar by the due date published in the *Schedule of Classes*.

Print name: Last First Middle Univ. ID

I am enrolled in _____ for _____
Dept. and Course Number Credit Term and Year

and wish to designate this as a repeated course for the following course(s):

_____ _____ _____ _____
Dept. and Course Number Credit Grade Term and Year

According to the regulations on repeating courses, I understand that only the most recent grade earned will be used in computing the cumulative quality-point average and fulfilling graduation requirements.

This course cannot be processed under the automatic repeated course system due to the condition(s) checked below:

- The department designator, course number, and/or credit have changed.
- College approval needed to exceed the 15.0 cr. designated repeat policy by _____ credits.
- Other

For undergraduates, the repeated course option is limited to a maximum of 15 semester credits. This limit includes all repeated courses processed automatically and repeated courses processed manually. See the Iowa State University Catalog for regulations on repeating courses.

Student Signature Date Approval of Department Offering Course Date

Adviser/Major Professor Approval Date College Approval (policy exceptions only) Date

Form updated 1/17 **Original Copy - Registrar's Office** **Second Copy - Retained by Adviser**