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:

1. ☐ The department designator, course number, and/or credit have changed.
2. ☐ College approval needed to exceed the 15.0 cr. designated repeat policy by _____ credits.
3. ☐ 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**