

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*.

_____ Univ. ID
Full Name (First, Middle, Last)

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 18.0 cr. designated repeat policy by _____ credits.
- 3. Other

For undergraduates, the repeated course option is limited to a maximum of 18 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 9/10/21 **Original Copy - Registrar's Office Second Copy - Retained by Adviser**