

Exception for Course Repeats

Submit form to: Office of Registration & Records, Ceres 110, NDSU Dept. 2801, P.O. Box 6050, Fargo, ND 58108-6050, Fax 701-231-8959
or NDSU One Stop, Memorial Union 176, NDSU Dept. 2836, P.O. Box 6050, Fargo, ND 58108-6050, Fax 701-231-8297

To review [Repeat Policy](https://bulletin.ndsu.edu/academic-policies/grades/#repeatedcoursestext) guidelines, visit <https://bulletin.ndsu.edu/academic-policies/grades/#repeatedcoursestext>

Student ID# _____ Student Name _____

Repeating Limited Attempts*: In general, a student is limited to a maximum of three attempts in any course. If you have received a letter or passing grade (A,B,C,D,F or P/S) in any one class taken at NDSU or with a transfer equivalent and you are attempting to complete this class a 4th+ time, on a separate sheet of paper to be submitted with this form, explain what challenges you have experienced in the class and why you should be considered for exception to this university policy.

Course: _____ Term you plan to repeat the class: _____
prefix/catalog #/class #/section # semester/year

*Department consent is **not** needed for the Repeating Limited Attempts option. The department does not need to sign or stamp this form.

Improve Grade in a Course Repeatable for Credit: The following course is marked in the Course Catalog as "may be repeated" for credit. However, in an attempt to improve my grade in the course, only the credits and honor points for the most recent semester should be included in my cumulative totals. Department consent required.

Course: _____ Initial Term _____ Repeat Term _____
prefix/catalog # semester/year semester/year

Repeat Course After a Degree is posted: The course-repeat option to improve one's academic record is available to students who have not graduated. Courses repeated after graduation may be taken and will be reflected on the academic record, but the most recent grade and credits will not be calculated into cumulative totals. Department consent required.

Course: _____ Initial Term _____ Repeat Term _____
prefix/catalog # semester/year semester/year

Repeat Course with Revised/Modified Content: The following course has experienced content changes from the initial completion. Student will be allowed to repeat the course and earn credit for both attempts. Department consent required.

Course: _____ Initial Term _____ Repeat Term _____
prefix/catalog # semester/year semester/year

Repeat of Course with Duplicate Content: While not identical, the following courses are considered by the department to be duplicates in subject matter and course content. Only the grade and credits of the most recent course completed will be included in my cumulative totals. Department consent required. *Note: While a course might be considered duplicate in content by the offering department, students should contact their program advisor or department chair for authorization to substitute the duplicate course if it is required for their major.*

Original Course: _____ Term _____
prefix/catalog # semester/year

Duplicate Course: _____ Term _____
prefix/catalog # semester/year

Department Chair/Head or Program Coordinator Signature: _____ Date _____

Department Stamp:

Student Signature _____ Date _____