

**Exception for Course Repeats**

**Submit form to:** Office of Registration & Records, Ceres 110, NDSU Dept. 2801, P.O. Box 6050, Fargo, ND 58108-6050 [nds.registrar@nds.edu](mailto:nds.registrar@nds.edu)

**or**

NDSU One Stop, Memorial Union 176, NDSU Dept. 2836, P.O. Box 6050, Fargo, ND 58108-6050

To review Repeat Policy guidelines, visit  
<https://catalog.ndsu.edu/academic-policies/repeated-courses/>

**Student ID#** \_\_\_\_\_ **Student Name** \_\_\_\_\_

☐ **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 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 \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_