Repeat a Course: Graduate School

Purpose: Used by Graduate School students to request to repeat a course as per Graduate School policy.

Student Instructions:
1. Seek permission from the Graduate School to repeat any course; you will know if you need this permission by the message you received when attempting to register for the course in CheckMarq.
2. Complete one form for each course you wish to repeat.
3. Complete Sections 1-3 of this form, using a computer.
   a. **a handwritten form will not be accepted.**
   b. an incomplete form will not be processed and returned to you for completion.
4. Print the form using the 'Print Form' button.
5. Sign the form in Section 4; a digital signature is **not** acceptable.
6. Take the form to the Director/Chair of your program for signature.
7. You will be notified via Marquette email as to the approval or denial of your request.

Director/Chair and Graduate School Instructions:
1. Director/Chair, recommend approval or disapproval of request, print your name and sign the form in Section 5 and forward to the Graduate School.
2. Graduate School, designate approval or denial of the request in Section 5.
   Note: as per federal regulations, this request may be approved only once, if the student has already passed the course. It may be approved for more than one repeat, if the student has not earned the minimum passing grade for the school. However, if your school repeat policy is more strict than the federal regulations, your policy may supersede the regulations.
3. If denied:
   a. Sign the form in Section 5.
   b. Inform the student of the denial via Marquette email.
   c. Scan the form to the Office of the Registrar via ImageNow.
4. If approved:
   a. Sign the form in Section 5.
   b. Scan the form to the Office of the Registrar via ImageNow.
   c. The Office of the Registrar will register the student and notify the student via Marquette email.

Section 1: Student Information

Full Name
Last name, First name, Middle name
_____

Email _____ @marquette.edu   MUID _____

Mailing Address
street, city, state, zip code
_____

Program _____

Section 2: Course Information
Original course information

Subject Code (e.g. ENGL)	Course Number (e.g. 6200)	Section (e.g. 101)	Title	Term (e.g. Fall)	Year

I wish to repeat _____ during _____ _____
Section (e.g. 101)   Term (e.g. Fall)   Year

Section 3: Discussion, Lab or Quiz Information

I wish to repeat
check all that apply

☐ Discussion _____ _____   ☐ Lab _____ _____   ☐ Quiz _____ _____
Discussion Number   Section   Lab Number   Section   Quiz Number   Section
(e.g. 6200)   (e.g. 101)   (e.g. 6200)   (e.g. 101)   (e.g. 6200)   (e.g. 101)

Section 4: Student Statement/Signature

I attest that all of the information above is true and correct. I also confirm my understanding of the Repeat a Course Policy for the Graduate School, all that it requires of me and how repeated course grades affect my GPA and academic record.

Signature of Student _____   Date _____

Section 5: DGS/Chair Recommendation and Graduate School Approval

DGS/Chair recommendation to the Graduate School :   ☐ Approve   ☐ Deny   Rationale: _____

DGS/Chair printed name and signature: _____

Graduate School: ☐ Approved   ☐ Denied   Reason for Denial: _____

Graduate School Signature: _____