



## Repeated Course Appeal

The [Undergraduate Course Repeat Policy](#) allows students to repeat a course to improve a grade. However, students cannot register for a course after three attempts (including grades A, B, C, D, P, F, NC, or W). To appeal to register for a course for the fourth time, students must submit a Repeated Course Appeal. The student is responsible for submitting the form to the department chair and ensuring the final application is turned into the Office of Academic Affairs with all needed documentation. Forms must be submitted at least seven calendar days before the first day of the term they intend to register for the course.

**Student Information:** Completed by the student.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Tech or Star ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

MSU Email Address: \_\_\_\_\_

**Course to be Repeated-** Please list multiple section options in order of preference. This ensures that if your first choice section is full, we have alternate sections.

Term/Year (e.g. Fall 2026): \_\_\_\_\_

Course ID	Subject	Course Number	Section Number	Grading Method (Letter or P/NC)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Required Documentation:** Please attach all required documents to your application before submitting it to the department chair for review. These same documents must also be included with the final application submitted to Academic Affairs. If not submitted with the application, it will not be considered.

- Explanation of the extenuating circumstances or justification for attempting this course for the fourth time. Please include a plan for improvement to show how you will succeed this time.
- Copy of your unofficial transcript. This can be obtained in E-services under Academic Record.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chair:** Completed by the department chair of the course being offered.

Recommend       Do Not Recommend

**Application Comments:**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please have the department chair submit the completed form and documentation to the Office of Academic Affairs at [undergrateducation@mnsu.edu](mailto:undergrateducation@mnsu.edu) or 315 Wigley Administration Center, Minnesota State University Mankato, MN 56001.

**Academic Affairs:** Completed by the Office of Academic Affairs.

Approve       Deny

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After notifying student of results, please submit applications to Registration and Academic Records for processing at [registration@mnsu.edu](mailto:registration@mnsu.edu).