Repeat a Course Exception

Email: Registrar@MissouriState.edu



Form revised 8/3/2021

Phone (417) 836-5520, Fax (417) 836-6334 901 S National Ave, Carrington Hall 320 Springfield, MO 65897

	to exceed the nvolved in the		of a course. This	form cannot be proces	sed until grades h	nave beer	n posted for
Student Nar	me:			BearPass #: M			
	Last		First	MI			
Authorizat	ion to repea	t an original cou	rse with a sim	ilar course:			
Original Course Subject	Original Course Number	Course Title					Credit Hours
Semester/year when original course was to			ken: Fall	Spring	Summer _		
			Year	Year		Year	
Similar Course Subject	Similar Course Number	Course Title	rse:				Credit Hours
Semester/ye	ear when simi	lar course was tal	ken: Fall Year		Summer _	Year	
Permission	to exceed t	he repeatable li	mit for the fol	lowing course:			
Course Subject	Course Number	Course Title					Credit Hours
Semester/year when course was taken:			Fall	Spring	Summer _		
			Year	Year		Year	
Approval for undergraduate students:				Approval for graduate students:			
Department Head Signature Date			ate	Graduate Program Ad	visor Signature	Date	
				Graduate College Sign	nature	Date	
Office use o	nly:						
	Proces	ssed by			Date		

This form is to be used by departments to authorize using a similar course to repeat an original course or to grant