

School of Business MSM Course Repeat Form

The purpose of this form is to request permission to take a graduate level course for a second time.

Please complete the fields belowStu	dent id: Phone:
Concentration:	
Course to be repeated: (sub	pject code, number, and title)
Date the course was previou	usly taken: Previous Grade:
Current GPA:	
Is this the only course in wh	ich you've made below a "B" in the MSM program?
Yes	
No '	
If no, what other course have	you made below a "B"?
Are you on Academic Probation or S	Suspension?
By signing below you are acknowled	ging that you are aware of the following
x You can only repeat two courx If you make below a "B" in a tthe program.	rses in the MSM program third course, you will not be allowed to continue in
Student signature:	Date:
Admin. Coord. Approval:	Date:
Dean signature:	Date [.]