

APPLICATION TO REPEAT A COURSE

Registrar's Office, St. Olaf College

x3015, Fax: (507)786-3210

Email: registrar@stolaf.edu

SUBMIT THIS FORM AT THE REGISTRAR'S WINDOW during the REGISTRATION PERIOD or immediately following registration.

STUDENT NUMBER _____

NAME _____

CLASS YEAR _____

Course you will be taking: TERM _____ **TITLE** _____

YEAR _____ **COURSE DEPT.** _____

You may repeat a course only if you meet all of the following conditions:

1. A Student may repeat a course only once, only at St. Olaf, and only when the grade received in the course was C- or below, U or N.
2. A course cannot be repeated after the satisfactory completion of any course in the same department for which the previous course is a prerequisite.
3. A repeated course may be taken on an S/U basis **only if** the course was originally taken S/U and a U was received. If a course receives an S, it may **not** be repeated regardless of the actual reported grade. A course that originally received a U may be repeated on a graded basis.
4. In some departments (Dance & Music for example) you may retake some quarter credit classes and they are not considered repeats under this policy, please consult the catalog or check with the Registrar to confirm which quarter credit classes may be repeated.

A course may earn credit only once. **The repeated course will figure into the GPA and be added into the total number of course credits completed, even if the grade is lower than on the original course.** Although the original course will always remain on the transcript, it is removed from the GPA and total course credits.

LIST THE COURSE YOU PREVIOUSLY TOOK THAT YOU WILL BE REPEATING:

Dept. Name _____

Course No. _____

Course Title _____

Graded _____ S/U _____

Year And Term The Course Was First Taken. SEM: _____ Year _____

Grade Earned _____

If the previous course had a different number, title, or credit value than the one you will be taking, the department chair/interdisciplinary program director must sign below giving her/his approval to the new course as a replacement for the original.

Department Chair/Interdisciplinary Prog. Director's Signature _____ Date _____

I HAVE READ THESE CONDITIONS FOR REPEATING A COURSE AND FULLY UNDERSTAND THEM.

STUDENT'S SIGNATURE _____ **DATE** _____