



Repeat a Course: Health Sciences Professional

Purpose: Used by Health Sciences Professional students who have multiple failed attempts (F, U, UNC, UY or NC) of the same course and are unable to register for the course again via CheckMarq.

Student Instructions:

1. Seek permission from the College of Health Sciences to repeat a course; courses can only be repeated once; you will know if you need this permission by the message you receive 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 College of Health Sciences for approval.
7. You will be notified via Marquette email as to the approval or denial of your request.

College of Health Sciences Instructions:

1. Designate approval or denial 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 university. However, if your college repeat policy is more strict than the federal regulations, your policy may supercede the regulations.
2. If denied:
 - a. Sign the form.
 - b. Inform the student of the denial via Marquette email.
 - c. Scan the form to the Office of the Registrar via ImageNow.
3. If approved:
 - a. Sign the form.
 - 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 _____

Former Name(s) _____ MUID _____

Mailing Address
street, city, state, zip code _____

Email _____@marquette.edu

Program _____

Section 2: Course Information

Original course information

Subject Code (e.g. BISC)	Course Number (e.g. 7120)	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 (e.g. 7120)	Section (e.g. 101)	Lab Number (e.g. 7120)	Section (e.g. 101)	Quiz Number (e.g. 7120)	Section (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 Course Policy](#) for my college that outlines how repeated course grades affect my GPA and academic record.

Signature of Student _____ Date _____

Section 5: College of Health Sciences

Repeat Request: Approved Denied Reason for Denial: _____

College Office Signature: _____ Date: _____