

**UNIVERSITY OF MISSOURI-KANSAS CITY
COURSE REPEAT FORM – GRADUATE STUDENTS ONLY**

Student Name: _____ **Student ID#:** _____

Academic Unit: _____ **Graduate Level:** _____ **Masters**
_____ **Doctoral – non-Interdisciplinary PhD**
_____ **Interdisciplinary PhD**

Course to be repeated: Course No.: _____

Course Title: _____

I plan to repeat this course in _____
Term **Year**

I took this course before in _____
Term **Year**

I have read the following policies:

1. Whenever a student repeats a course, the student has the responsibility of submitting a Course Repeat Form with all required signatures to the UMKC Registration and Records Office not later than the end of the fourth week of the term if that repeat is to be included in the grade-point average calculations on the student's grade report and permanent record.
2. Students are limited to repeating no more than 20% of the course hours applicable towards a graduate degree and must have the approval of the school or department or Interdisciplinary PhD Supervisory Committee. Courses may be repeated once.
3. When a course is repeated, only the semester hours of credit and grade points from the last enrollment in the course are included in the grade-point average calculation.

Student Signature _____ **Date** _____

Dept. Chair Signature _____ **Date** _____

Dean Signature _____ **Date** _____

For Interdisciplinary Ph.D. Students:

Supervisory Chair _____ **Date** _____

**Dean, School of
Graduate Studies** _____ **Date** _____