

**RETAKE A COURSE**

Approval is required prior to:

- Registering when the system has prevented the registration attempt due to exceeding the course repeat limits.
- Seeking approval to exclude a previous course with a non-equivalent course

Approval is recommended prior to retaking a course at another college or University.

**Policy**

Students may retake a course in which they received a grade of a C- or lower or an N. Those wishing to retake a course in which they earned a grade of a C or higher or an S must obtain department approval before registering for the course through this form.

**Resources**

- Seek advisement from your [college Academic Advising Office](#)
- Find equivalent courses using Transferology <https://www.transferology.com/school/d.umn>
- Review UMD's Grading & Transcript policy [z.umn.edu/umgradingandtranscripts](http://z.umn.edu/umgradingandtranscripts)

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in **blue or black ink**.

**RETURN FORM:**

**BY MAIL TO:**

One Stop Student Services  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011

**IN PERSON ON CAMPUS TO:**

**One Stop Student Services**  
23 Solon Campus Center

**QUESTIONS?**

Phone: 218-726-8000  
TTY (hearing impaired):  
800-627-3529  
Email: [umdhelp@d.umn.edu](mailto:umdhelp@d.umn.edu)

Student Information			
Last name - type or print neatly in ink	Preferred first name	Student ID	U of M E-mail @d.umn.edu
Student signature	Date	Term of previous attempt	Course requesting to retake
<input type="checkbox"/> I am seeking to retake an equivalent (an equal) course, see option 1 below			
<input type="checkbox"/> I am seeking to retake a non-equivalent (a non-equal) course, see option 2 on page 2			

**OPTION 1**

**Type of equivalent course request:**

- At UMD, see section 1       Via transfer, see section 2       At another UMN campus, see section 3 on page 2

Section 1 Retake UMD course at UMD				
<input type="checkbox"/> I am requesting approval to register for this class				
Term of desired registration	Course subject	Course number	Section	Class number
<input type="checkbox"/> Put me on the wait list <input type="checkbox"/> I have obtained permission from the instructor/department				
UMD department use				
Required approvals:				
Course department head signature		Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Course Dean signature		Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
One Stop Student Services use				
<input type="checkbox"/> Registered (RPAP) <input type="checkbox"/> Student notified		Date	Initials	

Section 2 Retake UMD course via transfer (including test credit)		
<input type="checkbox"/> I plan to retake a course at another college or university. I will order a transcript to be sent to UMD.		
Term of desired registration	Transfer course	Institution
<input type="checkbox"/> I have confirmed that this course is an equivalent using Transferology. No approval is required if course is an equivalent in Transferology		
My official transcript will be sent to UMD once updated. Mail to: UMD Admissions Processing, 123 DAdB, 1049 University Drive, Duluth, MN 55812-3011 Email: <a href="mailto:umdadmis@d.umn.edu">umdadmis@d.umn.edu</a> .		

Continued on page 2

**OPTION 1 (continued)**

Section 3 Retake UMD course at another UMN campus		
<input type="checkbox"/> <b>I plan to retake a course at another UMN campus.</b> Complete the <a href="#">Multi-Institutional form</a> .		
Term of desired registration	Transfer course	Campus
<input type="checkbox"/> I have confirmed that this course is an equivalent using Transferology. No approval is required if course is an equivalent in Transferology.		

**OPTION 2**

**Type of non-equivalent course request:**

- At UMD     
  Via transfer     
  At another UMN campus  
 Via other credit, see [Credit for Prior Learning](#)

Requests for liberal education approval must be approved by the Associate Vice Chancellor for Undergraduate Education.

Provide an explanation to support your request.

Approvals		
<b>Academic Advisor</b>	Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
<b>Academic Collegiate Approval</b>	Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

Office of the Registrar Use	
Transfer Evaluation TES sent _____      TES returned _____	Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No

Exception to Liberal Education Program		
I. Language and Reasoning Skills	II. Knowledge Domains	III. Key Topics
<input type="checkbox"/> Writing and Information Literacy <input type="checkbox"/> Oral Communication and Languages <input type="checkbox"/> Logic and Quantitative Reasoning	<input type="checkbox"/> Natural Sciences <input type="checkbox"/> Natural Sciences Lab <input type="checkbox"/> Social Sciences <input type="checkbox"/> Humanities <input type="checkbox"/> Fine Arts	Global Perspectives <input type="checkbox"/> Yes <input type="checkbox"/> No Cultural Diversity in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No Sustainability <input type="checkbox"/> Yes <input type="checkbox"/> No

Required Signature		
AVCAA	Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

Office of the Registrar Record Update		
<input type="checkbox"/> Class excluded (REPT) <input type="checkbox"/> Degree audit exception <input type="checkbox"/> Student notified	Date	Initials