



# Repeat a Course: School of Dentistry

Purpose: Used by School of Dentistry students to request to repeat a course as per School of Dentistry policy.

### Student Instructions:

1. Seek permission from the School of Dentistry to repeat any course; 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 School of Dentistry for approval.
7. You will be notified via Marquette email as to the approval or denial of your request.

### School of Dentistry Instructions:

1. Designate approval or denial of the request 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 school. However, if your school repeat policy is more strict than the federal regulations, your policy may supersede the regulations.
2. If denied:
  - a. Sign the form below.
  - 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 below.
  - 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*

Email \_\_\_\_\_@marquette.edu MUID \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*street, city, state, zip code*

### Section 2: Course Information

Original course information

Subject Code <i>(e.g. DEGD)</i>	Course Number <i>(e.g. 7112)</i>	Section <i>(e.g. 101)</i>	Title	Term <i>(e.g. Fall)</i>	Year
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I wish to repeat \_\_\_\_\_ during \_\_\_\_\_  
Section Term Year  
*(e.g. 101) (e.g. Fall)*

### Section 3: Discussion, Lab or Quiz Information

I wish to repeat  
*check all that apply*

<input type="checkbox"/> Discussion	<input type="checkbox"/> Lab	<input type="checkbox"/> Quiz
Discussion Number <i>(e.g. 7112)</i>	Lab Number <i>(e.g. 7112)</i>	Quiz Number <i>(e.g. 7112)</i>
Section <i>(e.g. 101)</i>	Section <i>(e.g. 101)</i>	Section <i>(e.g. 101)</i>

### 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 the School of Dentistry, including all that it requires of me and how repeated course grades affect my GPA and academic record.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

### Section 5: School of Dentistry

Approved  Denied Reason for Denial: \_\_\_\_\_

School of Dentistry Signature: \_\_\_\_\_ Date: \_\_\_\_\_