School of Business
MSM Course Repeat Form

The purpose of this form is to request permission to take a graduate level course for a second time.

Please complete the fields below and email or deliver the signed form to the Administrative Coordinator for the MSM program at liz.riley@mga.edu.

Name: ________________________________________________________________

Student id: __________________________      Phone: _________________________

Email address: _________________________________________________________

Concentration: _________________________________________________________

Course to be repeated: (subject code, number, and title)
______________________________________________________________________

Date the course was previously taken: ______________ Previous Grade: ___________

Current GPA:     _____________

Is this the only course in which you’ve made below a “B” in the MSM program?

  Yes □   No □

If no, what other course have you made below a “B”?
_____________________________________________

Are you on Academic Probation or Suspension? ______________________

By signing below you are acknowledging that you are aware of the following

• You can only repeat two courses in the MSM program
• If you make below a “B” in a third course, you will not be allowed to continue in the program.

Student signature: ___________________________ Date: ______________

Admin. Coord. Approval: ___________________________ Date: ______________

Dean signature: _____________________________ Date: ______________