



# 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.

Directions:

- Complete the fields below
- Email or deliver the signed form to the Administrative Coordinator for the MSM program at [liz.riley@mga.edu](mailto:liz.riley@mga.edu)

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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: \_\_\_\_\_

Are you on Academic Probation or Suspension? \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Admin. Coord. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Dean signature: \_\_\_\_\_ Date: \_\_\_\_\_