

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 <u>liz.riley@mga.edu</u>.

| Name: | | | |
|---|---|---------------------------------------|-----------------|
| Student id: | | | |
| 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 If you make below a "B" in a third cours the program. | e MSM program se, you will not be allowed to continue in | | |
| Student signature: | Date: | | |
| Admin. Coord. Approval: | Date: | | |
| Dean signature: | Date: | | |