For Office Use Only

Posted By:_____ Date Posted:_____

Office of the Registrar

Graduate Special Registration Request Form

STUDENT INFORMATION

Student ID: _____ Name: _____
Last Name *First Name* *Middle Name*

Email: _____ Phone: _____ Semester: ☐ Fall ☐ Spring ☐ Summer 20____

COURSE INFORMATION

If you wish to ***ADD*** a ***CLOSED*** or ***SPECIAL COURSE***, or ***CHANGE COURSE SECTIONS***, you must obtain signatures from the instructor and your advisor. If you wish to ***OVERRIDE A PREREQUISITE***, you must obtain signatures from the instructor and your advisor. If you wish to adjust hours in a ***VARIABLE CREDIT*** course or ***LATE ADD/DROP*** a course, you must obtain signatures from the instructor, your advisor, and the Office of Graduate and Postdoctoral Studies; and ***OVERLAPPING/ DOUBLE-BOOKED COURSES*** require each course to be listed separately, and require the instructor's signature from each course. *This form is not applicable for students in the Jesse H. Jones Graduate School of Business.*

CRN: _____

Subject and Course Number (e.g., MATH 123): _____

☐ Audit ☐ Closed Course ☐ Override Major

☐ Overlapping/Double-Booked ☐ Override Co-Requisite ☐ Late Add*

☐ Duplicate Course ☐ Override Prerequisite ☐ Late Drop*

☐ Variable Credit (after wk3)* ☐ Section Change (wks 3-7) ☐ Override Level/Class

Desired Hours: _____

Instructor Name: _____

Instructor Signature: _____

Advisor Signature: _____

*Office of GPS Signature: _____

**Only actions with an asterisk require GPS approval.*
GPS signature should be obtained after collecting all other applicable signatures.

CRN: _____

Subject and Course Number (e.g., MATH 123): _____

☐ Audit ☐ Closed Course ☐ Override Major

☐ Overlapping/Double-Booked ☐ Override Co-Requisite ☐ Late Add*

☐ Duplicate Course ☐ Override Prerequisite ☐ Late Drop*

☐ Variable Credit (after wk3)* ☐ Section Change (wks 3-7) ☐ Override Level/Class

Desired Hours: _____

Instructor Name: _____

Instructor Signature: _____

Advisor Signature: _____

*Office of GPS Signature: _____

**Only actions with an asterisk require GPS approval.*
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CRN: _____

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Desired Hours: _____

Instructor Name: _____

Instructor Signature: _____

Advisor Signature: _____

*Office of GPS Signature: _____

**Only actions with an asterisk require GPS approval.*
GPS signature should be obtained after collecting all other applicable signatures.

SIGNATURE

After completing and signing this form, please return it to:

Office of the Registrar
116 Allen Center

Student Signature: _____ Date: _____

E-mail registrar@rice.edu I Office 713-348-4999 I Fax 713-348-5921 I Office of the Registrar-MS 57
6100 Main St. I Houston, TX 77005 I registrar.rice.edu

Last revised 5/3/2016