



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): _____ <input type="checkbox"/> Audit <input type="checkbox"/> Closed Course <input type="checkbox"/> Override Major <input type="checkbox"/> Overlapping/Double-Booked <input type="checkbox"/> Override Co-Requisite <input type="checkbox"/> Late Add* <input type="checkbox"/> Duplicate Course <input type="checkbox"/> Override Prerequisite <input type="checkbox"/> Late Drop* <input type="checkbox"/> Variable Credit (after wk 2)* <input type="checkbox"/> Section Change (wks 3-7) <input type="checkbox"/> Override Level/Class Desired Hours: _____ <input type="checkbox"/> Mutually Exclusive Course	Instructor Name: _____ Instructor Signature: _____ Advisor Signature: _____ *Office of GPS Signature: _____ <small>*Only actions with an asterisk require GPS approval. GPS signature should be obtained after collecting all other applicable signatures.</small>
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SIGNATURE

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

Office of the Registrar
116 Allen Center

Student Signature: _____ Date: _____