



For Office Use Only

Posted By: _____ Date Posted: _____

Office of the Registrar

Undergraduate Special Registration Request Form

STUDENT INFORMATION

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

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

Year of Study: Freshman Sophomore Junior Senior Undergraduate Professional (BARCH)

COURSE INFORMATION

SPECIAL COURSES, CLOSED COURSES, credit changes in VARIABLE CREDIT courses, AUDITS; OVERLAPPING/DOUBLE-BOOKED COURSES (both courses must be listed separately, and both instructor signatures required); OVERRIDE PRE-REQUISITES, OVERRIDE CO-REQUISITES and OVERRIDE MAJOR RESTRICTION.

CRN: _____ Subject and Course Number (e.g., MATH 123): _____ <input type="checkbox"/> Audit <input type="checkbox"/> Override Co-Requisite <input type="checkbox"/> Late Add <input type="checkbox"/> Over Lap /Double-Booked <input type="checkbox"/> Override Prerequisite <input type="checkbox"/> Late Drop <input type="checkbox"/> Variable Credit Hrs: _____ <input type="checkbox"/> Section Change (wks 3-7) <input type="checkbox"/> Override Level/Class <input type="checkbox"/> Closed Course <input type="checkbox"/> Override Major <input type="checkbox"/> First Year Course Drop <input type="checkbox"/> Mutually Exclusive Course	Instructor Name: _____ Instructor Signature: _____
---	---

CRN: _____ Subject and Course Number (e.g., MATH 123): _____ <input type="checkbox"/> Audit <input type="checkbox"/> Override Co-Requisite <input type="checkbox"/> Late Add <input type="checkbox"/> Over Lap /Double-Booked <input type="checkbox"/> Override Prerequisite <input type="checkbox"/> Late Drop <input type="checkbox"/> Variable Credit Hrs: _____ <input type="checkbox"/> Section Change (wks 3-7) <input type="checkbox"/> Override Level/Class <input type="checkbox"/> Closed Course <input type="checkbox"/> Override Major <input type="checkbox"/> First Year Course Drop <input type="checkbox"/> Mutually Exclusive Course	Instructor Name: _____ Instructor Signature: _____
---	---

CRN: _____ Subject and Course Number (e.g., MATH 123): _____ <input type="checkbox"/> Audit <input type="checkbox"/> Override Co-Requisite <input type="checkbox"/> Late Add <input type="checkbox"/> Over Lap /Double-Booked <input type="checkbox"/> Override Prerequisite <input type="checkbox"/> Late Drop <input type="checkbox"/> Variable Credit Hrs: _____ <input type="checkbox"/> Section Change (wks 3-7) <input type="checkbox"/> Override Level/Class <input type="checkbox"/> Closed Course <input type="checkbox"/> Override Major <input type="checkbox"/> First Year Course Drop <input type="checkbox"/> Mutually Exclusive Course	Instructor Name: _____ Instructor Signature: _____
---	---

SIGNATURE

Please note that *changes after deadlines require approval from the university's Committee on Examinations and Standing (see Registration section of General Announcements for additional information)*. After completing and signing this form, submit it in person at:

Office of the Registrar
116 Allen Center

Student Signature: _____ Date: _____