



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

Complete the course information below, along with the registration exception that is being requested, and have the instructor approve and sign before submitting the form to the Office of the Registrar for Processing. 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): _____ Part of Term: <input type="checkbox"/> Full <input type="checkbox"/> 1st Half <input type="checkbox"/> 2nd Half <input type="checkbox"/> Other: _____ <input type="checkbox"/> AUDIT <input type="checkbox"/> Closed Course <input type="checkbox"/> Override Department <input type="checkbox"/> Over Lap /Double-Booked <input type="checkbox"/> Mutually Exclusive Course <input type="checkbox"/> Override Major <input type="checkbox"/> Variable Credit (after wk 2)* <input type="checkbox"/> Override Co-Requisite <input type="checkbox"/> Late Add* Desired Hrs: _____ <input type="checkbox"/> Override Prerequisite <input type="checkbox"/> Late Drop* <input type="checkbox"/> Duplicate Course <input type="checkbox"/> Section Change (wks 3-7) <input type="checkbox"/> Override Level/Class <input type="checkbox"/> Override School	Instructor Name: _____ Instructor Signature: _____ Advisor Signature: _____ *Office of GPS Signature: _____ <small><i>*Only actions with an asterisk require GPS approval. GPS signature should be obtained after collecting all other applicable signatures.</i></small>
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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: _____