



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: [ ] Full [ ] 1st Half [ ] 2nd Half [ ] Other: \_\_\_\_\_
[ ] AUDIT [ ] Closed Course [ ] Override Department
[ ] Over Lap /Double-Booked [ ] Mutually Exclusive Course [ ] Override Major
[ ] Variable Credit (after wk 2)\* [ ] Override Co-Requisite [ ] Late Add\*
Desired Hrs: \_\_\_\_\_ [ ] Override Prerequisite [ ] Late Drop\*
[ ] Duplicate Course [ ] Section Change (wks 3-7) [ ] Override Level/Class
[ ] Override School
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): \_\_\_\_\_
Part of Term: [ ] Full [ ] 1st Half [ ] 2nd Half [ ] Other: \_\_\_\_\_
[ ] AUDIT [ ] Closed Course [ ] Override Department
[ ] Over Lap /Double-Booked [ ] Mutually Exclusive Course [ ] Override Major
[ ] Variable Credit (after wk 2)\* [ ] Override Co-Requisite [ ] Late Add\*
Desired Hrs: \_\_\_\_\_ [ ] Override Prerequisite [ ] Late Drop\*
[ ] Duplicate Course [ ] Section Change (wks 3-7) [ ] Override Level/Class
[ ] Override School
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): \_\_\_\_\_
Part of Term: [ ] Full [ ] 1st Half [ ] 2nd Half [ ] Other: \_\_\_\_\_
[ ] AUDIT [ ] Closed Course [ ] Override Department
[ ] Over Lap /Double-Booked [ ] Mutually Exclusive Course [ ] Override Major
[ ] Variable Credit (after wk 2)\* [ ] Override Co-Requisite [ ] Late Add\*
Desired Hrs: \_\_\_\_\_ [ ] Override Prerequisite [ ] Late Drop\*
[ ] Duplicate Course [ ] Section Change (wks 3-7) [ ] Override Level/Class
[ ] Override School
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

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: \_\_\_\_\_