



*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	Instructor Name: _____  Instructor Signature: _____
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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: \_\_\_\_\_