

**OFFICE OF STUDENT
REGISTRATION
PLEASE RETURN TO 1**

UNIVERSITY
Work toward greatness.

LAST NAME
Please indicate what you would like to be

EVENTS/CLUBS/PHONE NUM

LEVEL:

- Undergraduate (01)
- Graduate (02)
- Law (03)

PLEASE COMPLETE IF YOU
WISH TO REGISTER FOR CREDIT

SECTION A -

REG CODE: SUB

ACT

CITY

STATE

STUDENT'S SIGNATURE

Students that are prescribed in the current
catalog are eligible to Register at University student

REGISTRATION ACTION FORM - PERMISSION TO REGISTER FOR EXCEPTIONS

PLEASE RETURN TO THE OFFICE OF STUDENT ASSISTANCE (OSAL) ANY QUESTIONS CALL 1 (877) 672-1820

If you are requesting permission to register for exceptions (see list below) this form must be completed along with the appropriate...

U#:
Degree/Major:

Name:
Expected Graduation Date:

◆ CLOSED CLASS

COURSE
NO.

◆ OUT OF MAJOR COURSE

◆ OUT OF DIVISION COURSE

COURSE	SUBJECT	ACADEMIC APPROVAL/DATE
REFERENCE NO.		

◆ EXCEEDS MAXIMUM CREDIT HOURS

TOTAL CREDITS APPROVED FOR CURRENT SEMESTER	ACADEMIC APPROVAL/DATE

◆ SOPHOMORE, JUNIOR OR SENIOR STANDING REQUIRED

and submitted to the appropriate dean, chairperson, or director for approval. Complete this form and submit to: ACADEMIC APPROVAL/DATE

NO.	
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◆ TIME CONFLICT please include both courses that are conflicti