



Rice University  
Office of the Registrar ▪ 116 Allen Center

<i>For Office Use Only</i>
Posted By: _____
Date Posted: _____

## Undergraduate Special Registration Request Form

Student Information			
Student ID: _____	Name: _____		
	<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>
Email: _____	Phone: _____	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>20</b> _____	
<input type="checkbox"/> Undergraduate Student: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Undergraduate Professional: <input type="checkbox"/> BARCH			

<b>Registration Requests that REQUIRE Approval Signatures</b> <i>SPECIAL COURSES, CLOSED COURSES, credit changes in VARIABLE CREDIT courses, AUDITS; OVERLAPPING/DOUBLE-BOOKED COURSES (require each course be listed separately, and require the instructor's signature from each course); OVERRIDE PRE-REQUISITES, OVERRIDE CO-REQUISITES and OVERRIDE MAJOR RESTRICTION.</i>
--

CRN: _____  Subject/Course #: (e.g. MATH 212) _____	Instructor Name: _____ <div style="text-align: center; font-size: x-small;"><i>Please Print</i></div> Instructor Signature: _____ <input type="checkbox"/> Variable Credit (wks.1-2) <input type="checkbox"/> Desired Hours: _____ <input type="checkbox"/> Closed Course <input type="checkbox"/> Overlapping/Double-Booked <input type="checkbox"/> Section Change (wk. 3-7) <input type="checkbox"/> Audit <input type="checkbox"/> Late Drop (after wk. 7 for first year Rice students) <input type="checkbox"/> Override Pre-Req <input type="checkbox"/> Override Co-Req <input type="checkbox"/> Override Major <input type="checkbox"/> Override Level
---	---

CRN: _____  Subject/Course #: (e.g. MATH 212) _____	Instructor Name: _____ <div style="text-align: center; font-size: x-small;"><i>Please Print</i></div> Instructor Signature: _____ <input type="checkbox"/> Variable Credit (wks.1-2) <input type="checkbox"/> Desired Hours: _____ <input type="checkbox"/> Closed Course <input type="checkbox"/> Overlapping/Double-Booked <input type="checkbox"/> Section Change (wk. 3-7) <input type="checkbox"/> Audit <input type="checkbox"/> Late Drop (after wk. 7 for first year Rice students) <input type="checkbox"/> Override Pre-Req <input type="checkbox"/> Override Co-Req <input type="checkbox"/> Override Major <input type="checkbox"/> Override Level
---	---

CRN: _____  Subject/Course #: (e.g. MATH 212) _____	Instructor Name: _____ <div style="text-align: center; font-size: x-small;"><i>Please Print</i></div> Instructor Signature: _____ <input type="checkbox"/> Variable Credit (wks.1-2) <input type="checkbox"/> Desired Hours: _____ <input type="checkbox"/> Closed Course <input type="checkbox"/> Overlapping/Double-Booked <input type="checkbox"/> Section Change (wk. 3-7) <input type="checkbox"/> Audit <input type="checkbox"/> Late Drop (after wk. 7 for first year Rice students) <input type="checkbox"/> Override Pre-Req <input type="checkbox"/> Override Co-Req <input type="checkbox"/> Override Major <input type="checkbox"/> Override Level
---	---

*Please Note: Changes after deadlines require approval from the university's Committee on Examinations and Standing. (see Registration section of General Announcements)*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_