RICE

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: **12669**

Subject and Course Number (e.g., MATH 123): **ENGI 241**

☐ Audit ☐ Closed Course ☐ Override Major

☐ Overlapping/Double-Booked ☐ Override Co-Requisite ☐ Late Add

☐ Variable Credit (wks 1-2) ☐ Override Prerequisite ☐ Late Drop

Desired Hours: _____ ☐ Section Change (wks 3-7) ☐ Override Level/Class

Instructor Name: **KAZ KACWOWSKI**

Instructor Signature: _Kevin_____

CRN: _____

Subject and Course Number (e.g., MATH 123): _____

☐ Audit ☐ Closed Course ☐ Override Major

☐ Overlapping/Double-Booked ☐ Override Co-Requisite ☐ Late Add

☐ Variable Credit (wks 1-2) ☐ Override Prerequisite ☐ Late Drop

Desired Hours: _____ ☐ Section Change (wks 3-7) ☐ Override Level/Class

Instructor Name: _____

Instructor Signature: _____

CRN: _____

Subject and Course Number (e.g., MATH 123): _____

☐ Audit ☐ Closed Course ☐ Override Major

☐ Overlapping/Double-Booked ☐ Override Co-Requisite ☐ Late Add

☐ Variable Credit (wks 1-2) ☐ Override Prerequisite ☐ Late Drop

Desired Hours: _____ ☐ Section Change (wks 3-7) ☐ Override Level/Class

Instructor Name: _____

Instructor Signature: _____

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: _____

E-mail registrar@rice.edu I Office 713-348-4999 I Fax 713-348-5921 I Office of the Registrar-MS 57
6100 Main St. I Houston, TX 77005 I registrar.rice.edu

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