Rice University
Office of the Registrar  •  116 Allen Center

Graduate Special Registration Request Form

Student Information

Student ID: __________________________ Name: __________________________

Last Name __________________________ First Name __________________________ M.I. ______

Email: __________________________ Phone: __________________________ Semester: □ Fall □ Spring □ Summer 20____

Registration Requests that REQUIRE Approval Signatures
If you wish to ADD a CLOSED or SPECIAL COURSE, or CHANGE COURSE SECTIONS, you must obtain signatures from the instructor and your advisor. If you wish to OVERRIDE A PREREQUISITE, you must obtain signatures from the instructor and your advisor.

If you wish to adjust hours in a VARIABLE CREDIT course, you must obtain signatures from the instructor, your advisor, and the Office of Graduate and Postdoctoral Studies; and OVERLAPPING/DIFFERENT BOOKED COURSES require each course to be listed separately, and require the instructor’s signature from each course.

CRN: __________________ Desired Hours: ______

Subject/Course #: (e.g. MATH 212) __________________________

☐ Duplicate Course ☐ Variable Credit (after wk. 3) Desired Hours: ______
☐ Closed Course ☐ Section Change (wks. 3-10) ☐ Audit
☐ Override Prerequisite ☐ Overlapped/Double-Booked ☐ Late Add
☐ Late Drop ☐ Override Level Restriction ☐ Override Co-Req

Instructor Name: __________________________

Instructor Signature: __________________________

Advisor Signature: __________________________

Office of GR Studies Signature: __________________________

CRN: __________________ Desired Hours: ______

Subject/Course #: (e.g. MATH 212) __________________________

☐ Duplicate Course ☐ Variable Credit (after wk. 3) Desired Hours: ______
☐ Closed Course ☐ Section Change (wks. 3-10) ☐ Audit
☐ Override Prerequisite ☐ Overlapped/Double-Booked ☐ Late Add
☐ Late Drop ☐ Override Level Restriction ☐ Override Co-Req

Instructor Name: __________________________

Instructor Signature: __________________________

Advisor Signature: __________________________

Office of GR Studies Signature: __________________________

CRN: __________________ Desired Hours: ______

Subject/Course #: (e.g. MATH 212) __________________________

☐ Duplicate Course ☐ Variable Credit (after wk. 3) Desired Hours: ______
☐ Closed Course ☐ Section Change (wks. 3-10) ☐ Audit
☐ Override Prerequisite ☐ Overlapped/Double-Booked ☐ Late Add
☐ Late Drop ☐ Override Level Restriction ☐ Override Co-Req

Instructor Name: __________________________

Instructor Signature: __________________________

Advisor Signature: __________________________

Office of GR Studies Signature: __________________________

*This form not applicable for students in the Jesse H. Jones Graduate School of Management.

Last Revised 12/10/2012