

UNIVERSITY OF ARKANSAS

ADMINISTRATIVE CHANGE OF REGISTRATION

University ID: _____ Name: _____
Last First MI

Year: _____ Semester: Spring Summer (Session) _____ Fall College: _____ GRAD UGRD

Student's Signature: _____ Date: _____

Reason for Administrative Action:
 (Form will be returned if appropriate boxes are not checked)

Fees will be adjusted for these changes:

- Placement
- Advising Error
- Lacks Pre-requisite(s)
- Change of Section or Section Added
- Section (or Class) Cancelled

Overrides:

- Full Class (Inst. & Dept Head Signature only)
- Class Time Conflict (Inst. & Student's Dean's Signature)
- Co/Pre/Dual Requisite (Inst. & Dept. Head Sign.)
- Consent Required (Inst. Signature)

Final grade roster clean up:

- Never attended (to be used only during end of term clean up, **no fee adjustment**)

Fees will not be adjusted unless requested:

Other: _____

Dept. Head Signature

Instructors Signature

	ISIS Class Number	Subject	Catalog Number	Component	Section	Variable Credit Hrs																	
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Advisor's Signature (date) _____

Instructor's Dean (date) _____

Student's Dean (date) _____

Posted to ISIS (date) _____

REGISTRAR'S OFFICE USE ONLY

Change cannot be processed:

- | | |
|---|--|
| <ul style="list-style-type: none"> ___ Exceeds term limits ___ Change creates a time conflict with _____ ___ Requires out of career form ___ Is already in section _____ of this same class ___ Is not a currently admitted student ___ Class number doesn't match class for term ___ Has a _____ negative service indicator ___ Is missing number of variable credit hours | <ul style="list-style-type: none"> ___ Is missing a co/pre/dual-requisite for this add ___ Will be missing a co/pre/dual-requisite if this class is dropped ___ Is missing number of variable credit hours ___ Missing signature from _____ ___ Other _____ |
|---|--|

Returned by _____ Date _____