

University of Arkansas

Administrative Change of Registration

ID# _____ Name _____ Email _____

Year _____ Term _____ College _____ ☐ GRAD ☐ UGRD

Reason for Administrative Action

Overrides

- ☐ Closed Class/Capacity (Instructor and Department Head Sign)
- ☐ Eligibility (Instructor and Department Head Sign)
- ☐ Co-Requisite (Instructor and Department Head Sign)
- ☐ Time Conflict (Both Instructors Sign)
- ☐ Late Registration (Instructor, Department Head, and Dean's Office Sign)

Dean's Office Only

Adjust Fees ☐ Yes ☐ No

☐ Waive Late Registration

Other:

Explanation:

Action	Class Name	Subject	Catalog Number	Section Number	Hours	Instructor Signature
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Keep <input type="checkbox"/> Audit						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Keep <input type="checkbox"/> Audit						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Keep <input type="checkbox"/> Audit						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Keep <input type="checkbox"/> Audit						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Keep <input type="checkbox"/> Audit						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Keep <input type="checkbox"/> Audit						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Keep <input type="checkbox"/> Audit						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Keep <input type="checkbox"/> Audit						

Student Signature Date

Department Head's Signature Date

Student's Dean's Signature Date

Department's Dean's Signature Date

The Registrar's Office does not accept forms from students.
Suggested workflow: Instructor – Department – Dean's Office
Electronic signatures accepted