

SCHEDULE EXCEPTION FORM
Office of the Registrar-University of Central Arkansas

ID #: _____ Contact Phone # _____

_____ **TERM**

_____ **YEAR**

Last Name

First Name

MI

Course Information			
CRN	Course Prefix	Course Number	Instructor

Course Instructor Signature	Print Instructor Name	Date
Course Dept. Chair Signature	Print Dept. Chair Name	Date
Dean of College Signature	Print Dean of College Name	Date
Advisor Signature	Print Advisor Name	Date

I request an exception to register or add classes for the above specified term. I understand that any late entry into a class at this time may impact on my academic achievement and the number of allowed class absences.

Student Signature

Date

**Bring completed form to Registrar Office window counter. Harrin Hall Suite 224.
INCOMPLETE FORMS CAN NOT BE PROCESSED.**

OFFICE ONLY:

Registrar Process Date

Processed by: _____ Date: _____

Total Hours _____
Before _____ After _____