

University of Arkansas Out-of-Career Registration

Please see our website at <http://www.uark.edu/grad> for directions and explanations.

PLEASE NOTE: Registration **MUST** be processed before the last day to add the class.

This form does **NOT** override closed classes, time conflicts, instructor's permission, or requisites.

IF ALL REQUIRED SECTIONS ARE NOT COMPLETE, FORMS WILL BE RETURNED.

*Student Name: _____ *ID Number: _____
 Last First
 *Signature: _____ *E-mail: _____@uark.edu
**required*

Undergraduate Courses for Graduate Students: Return completed form to the Graduate School,
50 STON Forms are available on our web-site: grad.uark.edu/

*** Department Chair or Graduate Coordinator: (REQUIRED):**

*Name: _____ *Signature: _____

PLEASE NOTE: GRADUATE TUITION IS APPLIED to the undergraduate courses. GRADUATE STUDENTS MUST FIRST REGISTER FOR ALL GRADUATE CLASSES BEFORE THEIR OUT-OF-CAREER REGISTRATION CAN BE PROCESSED!

1. **Graduate Student** who wishes to enroll in undergraduate course/courses for undergraduate credit. [Complete and return this form alone. **Must** have signature of department chair or graduate coordinator.]
2. **Graduate Student** who wishes to enroll in a 3000-level course for graduate credit. [**Please submit “Graduate credit for 3000-level or 4000-level course” request form ONLY.**]
3. **Graduate Student** who wishes to enroll in a 4000-level undergraduate-only course for graduate credit. [**Please submit “Graduate credit for 3000-level or 4000-level course” request form ONLY.**]
4. **Graduate Student** who wishes to petition for retroactive graduate. [**Please submit “Request for retroactive graduate credit” form ONLY.**]

Graduate Courses for Undergraduate Students: Return completed form to the Graduate School, 50 STON
Undergraduate Student who wishes to enroll in graduate course/courses for undergraduate credit.

Please complete the following for each course(s).

*Course Title:

*Instructor's Name: _____

*Instructor's Signature: _____

***Advisor: (REQUIRED)**

*Name: _____

*Advisor's Signature: _____

*Course Title:

*Instructor's Name _____

*Instructor's Signature: _____

*Course Title:

*Instructor's Name: _____

*Instructor's Signature: _____

Courses To Be Added

IF ALL REQUIRED SECTIONS ARE NOT COMPLETED, THIS FORM WILL NOT BE PROCESSED

Term**	ISIS Class #	Subject & Catalog #	Section	Hours	Level
Example:(1103)	(1005)	(Math 5001)	(001)	# of variable hrs	(U, G, L, A)

*** required **use a separate form for each different term**