THIS FORM ACCEPTED DURING THE FIRST WEEK OF CLASSES ONLY
School of Management
Graduate Programs

NON-MAJOR EXCEPTION REGISTRATION FORM

First Name (print) ___________________ Last Name (print) ___________________

Date ___________________ E-mail _______________________________________

Person Number ____________ Signature ________________________________

_____________________________________________________________________

THIS PORTION MUST BE SIGNED BY YOUR DEPARTMENT/DEPARTMENT REP.

The above student is currently registered as a graduate student in the Department of _________
645-_____ (please include phone).

Signed __________________________ Date ______________________

Management courses previously completed:

Course No. & Title ____________________________ Sem/Yr. ________

Requested Courses: Approvals are determined on a space available basis ONLY and after review of total
registrations, even with faculty approval. Prerequisites must be completed.

THE INFO BELOW IS REQUIRED (COURSE # ex: MGO 601 AND COURSE (5 DIGITS) REG. # ex: 12345
...CHECK IN HUB). PLEASE RANK ORDER YOUR REQUESTS (i.e, #1 choice, #2 choice, OR #3 choice)

PLEASE NOTE AND CHECK THAT YOU’VE READ:

○ _____ WE CANNOT FORCE REGISTER YOU IF THERE IS A TIME CONFLICT WITH ANOTHER
   COURSE; DROP COURSE WITH TIME CONFLICT THEN SUBMIT THIS FORM

○ _____ WE CANNOT FORCE YOU INTO A COURSE IF IT PUTS YOU OVER 15 CR (DROP BELOW 11
   CR OR 12 CR – THEN SUBMIT THIS FORM)

<table>
<thead>
<tr>
<th>Course No. &amp; Title</th>
<th>Registration No. (5 DIGIT NUMBER)</th>
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<tbody>
<tr>
<td>1ST CHOICE</td>
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<td>2ND CHOICE</td>
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<tr>
<td>3RD CHOICE</td>
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Return this form to the School of Management Graduate Programs Office – 203 Alfiero Center.

Requests will be accepted DURING THE FIRST WEEK OF CLASSES ONLY