

Fall 20 _____
Spring 20 _____

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)

Course No. & Title	Registration No. (5 DIGIT NUMBER)
1 ST CHOICE	
2 ND CHOICE	
3 RD CHOICE	

Return this form to the School of Management Graduate Programs Office – 203 Alfiero Center.

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