RICE UNIVERSITY
Office of the Registrar

Undergraduate Request for Registration Restriction Override
or Special Registration (via EX&S Approval of Petition)

Student Information

Student ID:_____ Name: _____

Email: _____ Phone: _____

Semester: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Instructions

1. During the Registration Period, please complete the course information below, along with the *course's registration restriction override* that is being requested, and have the course instructor approve and sign. Then submit the form electronically by sending as an e-mail attachment to registrar@rice.edu.

2. If this form is submitted during the Registration (Add/Drop) Period, the *course's registration restriction override* is processed by the Office of the Registrar (OTR). Only the override is processed, and the student is notified via e-mail. Students are then responsible for registering for the course(s) in ESTHER. One exception to this is the AUDIT – that is processed by the OTR.

3. Updates to variable credit hours are to be made by the student through ESTHER. Directions available at: https://registrar.rice.edu/students/updating_variable_credit.

4. If this request is submitted after the Registration (Add/Drop) Period has closed, the student must petition and receive EX&S approval. Information on EX&S available at: https://dou.rice.edu/committee-examinations-and-standing. If approved, upon receipt the special registration will be processed by the OTR.

Registration Restriction Override/Special Registration

CRN: _____ **Subject and Course Number** (e.g., MATH 123): _____

OTR Processed Request: *Instructor Approved Overrides:*

☐ AUDIT   ☐ Time Conflict   ☐ Mutually Exclusive   ☐ Department
☐ Section Change (Weeks 3-7)   ☐ Duplicate Course   ☐ Co-Requisite   ☐ Major
☐ Drop-Back Provision (Weeks 3-7) ☐ School   ☐ Prerequisite   ☐ Level/Classification
☐ First Year Course Drop   ☐ Closed Course/Seat Limit ☐ Cohort   ☐ Residential College

Instructor Name:_____ Instructor Signature: _____ Date:_____

☐ **REPEAT ACKNOWLEDGMENT (STUDENT):** I acknowledge that I am repeating a non-repeatable course. If credit was granted in the previous attempt, no additional credit will be earned. The attempt with the highest grade will carry earned hours. *No Instructor Signature Required.*

EX&S Approved Request/Petition: ☐ Late Add   ☐ Variable Credit Hours (After Week 2): _____ ☐ Late Drop

CRN: _____ **Subject and Course Number** (e.g., MATH 123): _____

OTR Processed Request: *Instructor Approved Overrides:*

☐ AUDIT   ☐ Time Conflict   ☐ Mutually Exclusive   ☐ Department
☐ Section Change (Weeks 3-7)   ☐ Duplicate Course   ☐ Co-Requisite   ☐ Major
☐ Drop-Back Provision (Weeks 3-7) ☐ School   ☐ Prerequisite   ☐ Level/Classification
☐ First Year Course Drop   ☐ Closed Course/Seat Limit ☐ Cohort   ☐ Residential College

Instructor Name:_____ Instructor Signature: _____ Date:_____

☐ **REPEAT ACKNOWLEDGMENT (STUDENT):** I acknowledge that I am repeating a non-repeatable course. If credit was granted in the previous attempt, no additional credit will be earned. The attempt with the highest grade will carry earned hours. *No Instructor Signature Required.*

EX&S Approved Request/Petition: ☐ Late Add   ☐ Variable Credit Hours (After Week 2): _____ ☐ Late Drop

Request for Approval (Student Signature)

After completing and signing this form, please submit as an e-mail attachment to registrar@rice.edu.

Student Signature: _____ **Date:** _____