RICE UNIVERSITY
Office of the Registrar

Graduate Request for Registration Restriction Override
or Special Registration (via GPS Dean 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 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, approval must be received from the Dean of Graduate and Postdoctoral Studies (GPS) by emailing gradenrollment@rice.edu. If approved, GPS will forward to the OTR for processing.

Registration Restriction Override/Special Registration

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

OTR Processed Request: *Instructor Approved Overrides:*
☐ AUDIT   ☐ Time Conflict   ☐ Program   ☐ Department
☐ Section Change (Weeks 3-7)   ☐ Duplicate Course   ☐ Co-Requisite   ☐ Major
                                 ☐ School   ☐ Prerequisite   ☐ Level/Classification
                                 ☐ Degree   ☐ Mutually Exclusive ☐ Closed Course/Seat Limit

☐ **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.*

Instructor Name: _____ Instructor Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

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

GPS Approval/Name and Signature: _____ **Date:**

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

OTR Processed Request: *Instructor Approved Overrides:*
☐ AUDIT   ☐ Time Conflict   ☐ Program   ☐ Department
☐ Section Change (Weeks 3-7)   ☐ Duplicate Course   ☐ Co-Requisite   ☐ Major
                                 ☐ School   ☐ Prerequisite   ☐ Level/Classification
                                 ☐ Degree   ☐ Mutually Exclusive ☐ Closed Course/Seat Limit

☐ **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.*

Instructor Name: _____ Instructor Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

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

GPS Approval/Name and Signature: _____ **Date:**

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:** _____

E-mail registrar@rice.edu I Office 713-348-4999 I Fax 713-348-5921 I Office of the Registrar-MS 57 I 6100 Main St. I Houston, TX 77005 I registrar.rice.edu

Last Revised 04/11/2022