UNIVERSITY OF HOUSTON-CLEAR LAKE

COLLEGE OF SCIENCE & ENGINEERING

REGISTRATION COURSE REQUEST

DATE:					
□ FALL 20 □ SPR	ALL 20 SPRING 20			REGISTRATION APPOINTMENT DATE:REGISTRATION APPOINTMENT TIME:	
STUDENT ID					
MAJOR:			EXPECTED GRADUATION TERM:		
LAST NAME				FIRST NAM	E
UHCL E-MAIL@uhcl.edu PHONE					
CONTROLLED CLASS REGISTRATION PERMISSION					
Signed affiliation agreement rec	quired for internship				
	Class #	Subject	Course No.	Section	Internship/Residency Coordinator's Signature
□ PRACTICUM	Class #	Subject	Course No.	Section	Practicum Director's Signature
UNDERGRADUATE IN GRADUATE COURSE					
	Class #	Subject	Course No.	Section	Associate Dean's Signature
	Class #	Subject	Course No.	Section	Associate Dean's Signature
□ CONTROLLED COURSES	Class #	Subject	Course No.	Section	Department Chair/Instructor Signature
	Class #	Subject	Course No.	Section	Department Chair/Instructor Signature
	Class #	Subject	Course No.	Section	Department Chair/Instructor Signature
□ OVERRIDE CREDIT HOUR LIMIT					
	Class #	Subject	Course No.	Section	Associate Dean's Signature
	Class #	Subject	Course No.	Section	Associate Dean's Signature
INSTRUCTIONS TO THE STUDENT:					
 If approved, you will be registered for the course(s) You must pay for the course(s) during the appropriate time The course prerequisites and/or co-requisites must be fulfilled and your academic preparation be adequate for the course. (If in doubt, consult the University Catalog and Class Schedule and/or your advisor.) 					
OFFICE USE ONLY					
EARLY OPEN LATE INITIAL DATE Comments:					