DATE: ________________________
REGISTRATION APPOINTMENT DATE: __________________
REGISTRATION APPOINTMENT TIME: __________________

STUDENT ID

MAJOR: ____________________________________________
EXPECTED GRADUATION TERM:_______________________

LAST NAME_____________________________________
FIRST NAME ______________________________________

UHCL E-MAIL_________________________________@uhcl.edu
PHONE_________________________________________

INTERNESHIP/RESIDENCY
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 Division Chair/Associate Dean’s Signature
Class # Subject Course No. Section Division Chair/Associate Dean’s Signature
Class # Subject Course No. Section Division Chair/Associate Dean’s 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:
1) If approved, you will be registered for the course(s)
2) You must pay for the course(s) during the appropriate time
3) 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: