

SCHEDULE EXCEPTION FORM

(* REQUIRED) PLEASE PRINT ALL INFORMATION. Incomplete forms cannot be processed.

*Name: _____ *ID #: B _____

I request an exception to register or add classes for _____ (term). I understand that any late entry into a class at this time may impact on my academic achievement.

*
Student's Signature _____ Date _____

Course Information

*CRN Number	*Dept & Course Number	*Instructor

	Signature	Date
*Academic Advisor		
*Course Instructor		
*Chair of Dept in which course is offered (Signature approves entry if class is closed)		
*Dean of College in which course is offered		
Office of the Registrar		

08032009

Return to:

**Office of the Registrar
 McCastlain Hall, Front Counter
 201 Donaghey Avenue
 Conway, Arkansas 72035-0001**