

STUDENT FIRST NAME	STUDENT LAST NAME	BANNER ID	DEGREE PROGRAM
TERM & YEAR FOR REGISTRATION EXEMPTION		NAME OF ACADEMIC ADVISOR(S)	

I request a registration exemption from the following course(s):

SUBJECT & COURSE NO.	COURSE TITLE	COURSE INSTRUCTOR
SUBJECT & COURSE NO.	COURSE TITLE	COURSE INSTRUCTOR
SUBJECT & COURSE NO.	COURSE TITLE	COURSE INSTRUCTOR

Please provide your reason for requesting the above registration exemption(s):

Sample Form

Complete in DocuSign
 See Graduate Registrar
 for Details

STUDENT SIGNATURE	DATE
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Associate Dean for Academic Affairs Approval:

ASSOCIATE DEAN NAME	SIGNATURE	DATE
COMMENTS:		