University at Buffalo The State University of New York

Student Academic Records & Financial Services

Undergraduate Exception Registration Form

Student Name: _____ _____ **Person #** _____
First Last

Semester: Summer ___ Fall ___ Spring X **20**08_____

Dept. MFC **Course #**_____ **Registration #**: __ __ __ __ __ __ **Credit Hours**_____ ***Check one***: Add__ Drop __
Course #_____ Registration #: __ __ __ __ __ __ _____ ***Check one***: Add__ Drop __
Course #_____ Registration #: __ __ __ __ __ __ _____ ***Check one***: Add__ Drop __

NOTE: Please be sure to include lab and recitation numbers for courses that are not chained.

Reason for Change (*check one – explain below or attach explanation*):
_X_ Administrative Error __ Re-registered for an Incomplete __ Course Exchange (section change)

Explanation: _MFC Spring Term course added late to schedule of classes. Course begins week of February 18th ____
_____Student has permission from MFC to add course to class schedule._____
_____
_____

I am requesting to have this course(s) adjusted in my semester schedule. *I understand*:

- the transaction will not be processed if I have a checkstop at this time;
- course cannot be added if this brings my total hours registered for this semester over 19. If so, it is my responsibility to see an advisor for an override before this form can be processed;
- the issuance of the exception registration form does not guarantee a space in the class;
- I am responsible for a billing adjustment if I am not already a full-time student. **In addition, I understand dropping courses may affect my financial aid.**

_____ _____ _____
Student signature & approval (*mandatory*) **Day Phone #** **E-mail address**

Complete the form and fax to (716) 829-2475, or deliver to 128 Parker Hall, or email scanned copy with your signature to mfcadmin@bufflo.edu. This form is due no later than February 15th in MFC office.

Approvals: (*NOTE: Do not approve if the student has a checkstop*.)

Checkstop? No ___ (Note: This information is available on **SIS at IDDEMSTU**.)

_____ _____ _____
Instructor Name (printed) Signature Phone #

Larry R Gingrich, Assoc. Dean_____ _____ _____
*Department Rep. Name (printed) Signature Phone #

**** "Department" is the department in which the course is offered.***
Incomplete forms or ineligible requests will be sent back to the department.

Mail, deliver or fax completed form directly to the Academic Processing Services at the address below:

PROCESSING DATE_____

BY_____

**Academic Processing Services, 232 Capen Hall, University at Buffalo, Buffalo, NY 14260-1631 (716) 645-2450,
Toll free: 866-838-7257, FAX: (716) 645-7762, E-mail: src@buffalo.edu**