Undergraduate Exception Registration Form

Student Name: ______________________ ________________________________ Person # ____________  
First                Last
Semester: Summer ___ Fall ___ Spring X 2008___

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@buffalo.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:

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

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