SPECIAL REGISTRATION FORM

Enrollment Services Office
801 West Monte Vista Avenue • Turlock • CA • 95382

Special Registration Forms must be submitted before the last day to add a course.

Please check one of the following: (Supporting documents required for all these. Please check with your college)

☐ Dissertation EDEL 9990
☐ Cooperative Education 4910 ☐ Fieldwork – 4900, 4940, 5900 or 5940
☐ Practicum P.E. 4940 ☐ Internships 4940 or 5940 or 6940
☐ Graduate Project 5960 ☐ Thesis 4990 or 5990

Name __________________________________________ SID ___________ ___________ ___________
First ___________________ Middle ___________________ Last ___________________

Subject ___________ Course No. ___________ Instructor (PLEASE PRINT)

Course to be taken (check one): ☐ Winter ☐ Spring ☐ Fall ☐ Summer ___________ (Year)

Method of Evaluation: ☐ Letter Grade ☐ Credit / No Credit

Course Duration: from ___________ / ___________ to ___________ / ___________ No. of Credits ___________

Class Level ___________ Total Credits* for the above term ___________ EXCESS CREDIT APPROVAL (Dept. Chair)

Student’s Signature __________________________ Date ___________

*Excess Units
A student who wishes to register for more than 16 units during a fall or spring semester must obtain the approval of the major department chair at the time of registration. Five units is the maximum for which a student may enroll during a Winter Term.

SIGNATURES MUST BE OBTAINED IN THE ORDER LISTED

<table>
<thead>
<tr>
<th>COLLEGE OF EDUCATION</th>
<th>COLLEGE OF ARTS LETTERS &amp; SCIENCES</th>
<th>COLLEGE OF BUSINESS</th>
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</thead>
</table>
| Instructor’s Signature
☐ approve ☐ deny date ___________
| Instructor’s Signature
☐ approve ☐ deny date ___________
| Instructor’s Signature
☐ approve ☐ deny date ___________
| Advisor’s Signature
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| Advisor’s Signature
☐ approve ☐ deny date ___________
| Department Chair’s Signature
☐ approve ☐ deny date ___________
| Department Chair’s Signature
☐ approve ☐ deny date ___________
| Department Chair’s Signature
☐ approve ☐ deny date ___________

College Dean’s Signature
☐ approve ☐ deny date ___________

TO BE COMPLETED BY ADMISSIONS & RECORDS STAFF  Schedule Number ___________ ___________ ___________ ___________

Section Number ___________ ___________ ___________ ___________