# UNIVERSITY OF ARKANSAS

**Graduate School & International Education**

## Out-of-Career Registration

Please see our website's Out-of-Career Registration page at  for directions and explanations.

This form does **NOT** override closed classes, time conflicts, instructor's permission, or requisites.
**PLEASE NOTE:** Registration MUST be processed before the last day to add the class. Incomplete Forms will be returned.

*Student Name: _____     ID Number: _____
              Last                  First

*Signature: _____     *E-Mail: _____ @uark.edu
***required**

### Undergraduate Courses for Graduate Students

Return completed form to the Graduate School, Gearhart Hall 213 or gradreg@uark.edu.

*Student's department chair or graduate coordinator signature: (REQUIRED):

*Name: _____     *Signature: _____

> **PLEASE NOTE:**  *Graduate tuition is applied to the undergraduate courses.*

*Graduate students must first register for all graduate classes before their out-of-career registration can be processed!*

*(Graduate students taking undergraduate classes via the out-of-career registration form should be aware that they will receive **undergraduate credit only** and that those classes do not count toward their minimum number of hours required to receive financial aid.)*

## For **graduate credit** use one of the forms listed below

*Graduate Student who wishes to enroll in a 3000-level or 4000 undergraduate only course for graduate credit: Please submit "Graduate Credit for 3000 or 4000 Level Course" form.*

**Graduate Student who wishes to petition for Retroactive Graduate Credit: Please submit "Request for Retroactive Graduate Credit" form.*

*Forms are available on the Graduate School website.*

### Graduate Courses for Undergraduate Students

Return completed form to the Graduate School, OZAR 213 or  gradreg@uark.edu.
Undergraduate Student who wishes to enroll in graduate course/courses for ***undergraduate credit.***
Please complete the following for each course(s).

*Course Title _____     *Advisor: (REQUIRED)

*Instructor's Name: _____     *Name: _____

*Instructor's Signature: _____     *Advisor's Signature: _____

*Course Title _____     *Course Title _____

*Instructor's Name: _____     *Instructor's Name: _____

*Instructor's Signature: _____     *Instructor's Signature: _____

## Courses To Be Added

| Term** Example Sp 2017 | UA Connect Class # (1005) | Subject & Catalog # (Math 5001) | Section (001) | hours # of variable hrs | Location for *online classes* (What state will student be in while taking course) |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

*** Use separate form for each different term**