REGISTRATION STATUS & EXCEPTION REQUEST FORM

Name (print)_____ Mailbox #_____

Check your current class code:

LD2 (2 Day) _____ LE2 (2 Evening) _____ LP2 (2nd Yr. P/T Day) _____ LSD (Law Nondegree Day) _____

LD3 (3 Day) _____ LE3 (3 Evening) _____ LP3 (3rd Yr. P/T Day) _____ LSE (Law Nondegree Evening) _____

LE1 (1 Evening) ____ LE4 (4 Evening) _____ LP4 (4th Yr. P/T Day) _____ LT (Law Twilight Division) _____

ID# (@000.…): _____

If your request is to impact your online registration request during advance registration, this form must be received by the Office of Registration & Enrollment, OR&E, (either in person, Suite 280 or by fax 410-706-2103) in order to be acted upon prior to the time you submit your online registration. Use this form to request any of the following:

[1] **Request for change from one division (full-time day, part-time day, evening) to another or for LD2, LE3, LP3 or LT to claim senior status for spring semester 2011 (based on having completed 50 credits for day and 60 credits for evening and part-time day) – requires OR&E approval**

Change FROM: Day _____ Evening ____ Part-time Day_____ Twilight Division _____

TO: Day ____ Evening ____ Part-time Day _____ Twilight Division _____

For: Summer 2011_____ Fall 2011_____ Spring 2012_____

Claiming Senior Status for Spring 2012 _____ (Requests must be submitted in October 2011)

Office Use			OR&E
_____	_____	_____	_____
Approved	Signature	Date	

[2] **Request for credit limit exception (requires approval from Lowell Wilson before submitting to OR&E)**

Full time day students may register for up to the ABA allowable maximum of 17 credits without this permission.

Evening and part-time day students use this form to request permission for more than 12 credits.

Number of credits _____ Semester/Year_____

(please attach justification for request).

_____

Office Use			OR&E
_____	_____	_____	_____
Approved	Signature	Date	

[3] **Request for pre-requisite and/or co-requisite Exemption (requires instructor approval before submitting to OR&E)** Semester/Year_____

A. _____ _____ _____

Course Name Instructor Course Name
pre-requisite____ co-requisite ____

Office Use			OR&E
_____	_____	_____	_____
Approved	Instructor's Signature	Date	

B. _____ _____ _____

Course Name Instructor Course Name
pre-requisite____ co-requisite ____

Office Use			OR&E
_____	_____	_____	_____
Approved	Instructor's Signature	Date	

[4] **Request to post-pone taking required course (please attach justification for request).**

_____ _____

Course Name Delay to Semester/Year

Office Use			OR&E
_____	_____	_____	_____
Approved	Signature	Date	