

Out-of-Career Registration

Please see our website at <http://grad.uark.edu/dean/outofcareer/index.php> 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, OZAR 213 or gradreg@uark.edu.

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

\*Name: \*Signature:

*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 our web-site:* [*grad.uark.edu/graduate/current-students/forms.php*](https://graduate-and-international.uark.edu/graduate/current-students/forms.php)

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

**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*

*\*Instructor’s Name:*

*\*Instructor’s Signature:*

*\*Course Title*

*\*Instructor’s Name:*

*\*Instructor’s Signature:*

*\*Advisor: (REQUIRED)*

*\*Name:*

*\*Advisor’s Signature:*

*\*Course Title*

*\*Instructor’s Name:*

*\*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*** *Revised: 10/2020*