



OFFICE OF RECORDS AND REGISTRATION

Phone: (501) 569-3110
Fax: (501) 569-8168
Email: records@ualr.edu
2801 South University Avenue
Little Rock, AR 72204

Student Registration Request Form

Name: _____

Student ID: _____

Address: _____

Phone: _____

Table with 5 columns: Subject Code, Course Number, Section Number, CRN, Course Title. Header: Course for which student is requesting registration.

You are registering for a course(s) that is in an accelerated session(s), which is scheduled for a shorter time period than the 14 week semester. Important dates specific to each session may differ from the 14 week semester dates. Please visit the UA Little Rock Office of Records and Registration semester calendar at http://ualr.edu/records/calendar for important dates that are specific to UA Little Rock's accelerated sessions, particularly the drop/withdrawal deadlines.

Students who cannot complete the course(s) for which they are registered need to submit an official withdrawal form by the drop deadline or they will receive a failing grade on their transcripts. Students who withdraw from all classes after the session begins will receive a grade of W on their transcripts. All refunds will be based on the date of official withdrawal.

Student Agreement

I am aware that this is a REQUEST to be registered for the course(s) listed above. I understand that in order to be registered I must be officially admitted to the University of Arkansas at Little Rock and must have met all prerequisites that are required for registration in the course(s).

I am aware of the drop/withdrawal/refund policy as stated above, and I understand that by signing this document, I am requesting to be registered in the college-credit course(s) listed at the top of this form, and I assume full responsibility for any tuition and fees associated with this registration.

Students Signature: _____

Date: _____