



SAM HOUSTON STATE UNIVERSITY



A Member of The Texas State University System

OFFICE OF THE REGISTRAR

COLLEGE OF EDUCATION SPECIAL REGISTRATION PERMIT

NAME: _____ SAM I.D. _____ SEM./YR: _____

REASON FOR SPECIAL REGISTRATION:

After online Late Registration, the student must obtain the approval of the Department Chair for each course the student wishes to register. After the 4th Class Day (Summer) and the 12th Class Day (Fall/Spring), the student must obtain the approval of the Academic Dean.

Course(s) to be ADDED :		Course(s) to be Administratively DROPPED :	
CID #	COURSE PREFIX/NUMBER	CID #	COURSE PREFIX/NUMBER

STUDENT SIGNATURE: _____

DEPT. CHAIR SIGNATURE: _____

DEAN SIGNATURE: _____

DR. GENEVIEVE BROWN

Please bring this form to the Registrar's Office located on the 3rd Floor of the Estill Building, Room 331. The student is responsible for checking their fee statement for any additional tuition or fees that may be due. Payment is due immediately in the Cashiers Office or payment can be made online.

FOR REGISTRARS USE ONLY: PROCESSED BY: _____ DATE: _____
