Petition for Registration Exception

Week Three & Later of Full Fall or Spring Term
Week Two or Later in Block or Summer Term

Missouri State | OFFICE of THE REGISTRAR

Email: Registrar@MissouriState.edu
Phone (417) 836-5520 | Fax (417) 836-6334
901 S National Ave, Carrington Hall 320
Springfield, MO 65897

Term _____ **Year** _____

Student Name _____ (Last) _____ (First) ___ (MI) _____ (M-Number)

Total Earned Hours: _____ **Combined/CUM GPA:** _____ **Current Total Hours for this Term:** _____
(Overload permission required if exceeding maximum hours)

Registration deadlines are designed to support student success by ensuring students begin courses on time and have access to the full learning experience. Students who register after a course has started may miss important instruction, assignments, and course expectations. Late registration requests are considered only in exceptional circumstances.

NOTE FOR APPROVERS: Approving this petition acknowledges review of the student's academic record and class schedule for possible registration errors and allows the Office of the Registrar to administratively grant closed level, permission, and/or prerequisite overrides needed to register the student in the course approved to add.

	CRN	Course Subject	Course Number	Section Number	Credit Hours
ADD					
DROP					

Reason for request:

Approval Required from:

By signing, you accept the terms of the Enrollment Agreement. Refund dates apply.

_____ Student Signature _____ Date

_____ Instructor (Print) _____ Instructor Signature _____ Date

_____ AUL (Print) _____ AUL Signature _____ Date

_____ Dean (Print) _____ Dean Signature _____ Date

The Dean will submit this form to the Provost's Office. If approved, the Office of the Registrar will make the schedule change and notify the student. If not approved, the Dean will notify the student.

OOR Staff_____ Date:_____ Updated 8/10/2026