

UNDERGRADUATE COURSE REGISTRATION REQUEST

Graduate Business Services, UT Arlington, Box 19376, Arlington, TX 76019-0376

Phone: 817.272.3004 Fax: 817.272.5799

Student Name _____ UT Arlington ID# _____

Program _____ Phone Number _____ E-mail Address _____

	Course Abrev	Course Number	Course Section
1			
2			

- By completing this form, you are requesting to be registered in an undergraduate course.
- Be sure to take care of all financial obligations that may result from this registration.
- Note: Only the Accounting programs (MS Accounting, MS Taxation and Master of Professional Accounting) will allow students to use 3000/4000 level courses toward master's degrees.

Student Signature _____ Date _____

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System BPM # 32. The law is found in section 552.021, 552.023 and 559.004 of the Texas Government Code.

FOR GSB OFFICE USE ONLY	DATE RECEIVED	APPROVED BY/DATE