

# Online Registration Exception Request

( 10/31/08, Rev 11/18/08, 4/13/2009 )

To ensure accurate entry of the requested changes, please provide all the requested information and print clearly !

Data Entry by: \_\_\_\_\_

Data Entry Date: \_\_\_\_\_

Office of the Registrar  
1900 Selwyn Avenue  
Charlotte, NC 28274  
704-337-2242  
Fax 704-337-2218

**BE SURE TO CHECK YOUR MYQUEENS SCHEDULE WITHIN 2 BUSINESS DAYS TO ENSURE THIS REQUEST HAS BEEN PROCESSED.**

Term \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial Queens ID Number ( Required )  
( this is not your Social Security Number )

Cell #: WE MUST BE ABLE TO CONTACT YOU!

**EXCEPTION REQUESTED**

**SIGNATURE(S) REQUIRED**

- WD =Withdrawal from Course** ..... Advisor
- IS = Independent Study** (if the course not listed ..... Advisor, Instructor, Department Chair, Dean  
on official schedule)
- TP = Topics Course** (repeated with different title) ..... Advisor
- PN = Pass/No Record** ..... Advisor
- AU = Audit** ..... Advisor
- CC = Conflicting Courses Waiver** ..... Advisor and Instructors
- OL = Overload Waiver** ..... Advisor
- RE = Repeated Class** ..... Advisor
- PRW = Prerequisite Waiver** (Use this choice only if the ..... Advisor and Department Chair  
prerequisite has not been met and a "waiver" of the  
prerequisite is being requested).
- PRC = Prerequisite Correction:** (Use this choice only if ..... Advisor and Department Chair  
the prerequisite has already been met but myQueens  
does not permit online registration).
- CPR = Course and Prerequisite taken concurrently** (Use ..... Advisor and Department Chair  
this choice only if you have permission to take the  
Course and the Prerequisite at the same time).

New Choices

**IF THERE ARE MULTIPLE EXCEPTIONS FOR A COURSE, PLEASE INDICATE ALL OF THEM AND BE SURE TO OBTAIN PROPER SIGNATURES FOR EACH EXCEPTION.**

TYPE OF EXCEPTION REQUESTED (see legend above)	Course ( ENGL 101 A 001 )	Cr Hrs	Grade Type	Course Title	Days/ Times	SIGNATURE(S) REQUIRED (based on type of exception requested - see list above)
						Advisor: _____ Dept Chair: _____ Dean: _____ Instructor: _____
						Advisor: _____ Dept Chair: _____ Dean: _____ Instructor: _____
						Advisor: _____ Dept Chair: _____ Dean: _____ Instructor: _____

Total number of hours enrolled after Add / Withdrawal: \_\_\_\_\_  
(Note: reduction in hours may affect billing, financial aid, residence, and athlete eligibility status.)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_