UCONN
OFFICE OF THE REGISTRAR

233 Glenbrook Road, U-4077
Storrs, CT 06269-4077
Phone: 860-486-3331 Fax: 860-486-0062
Email: registrar@uconn.edu

Visiting/Non-Degree Special Registration Request
(Return to the Registrar's Office at your current campus)

Please Print

Student Name _____

Student ID (*if known*): ☐☐☐☐☐☐☐ and/or NetID (*if known*): ☐☐☐☐☐☐☐☐

Date of Birth (required): _____

Phone: _____ Email: _____

Which program are you affiliated with?

☐ UCAELI

☐ Inter-Institutional *(Submit completed form with proof of full-time enrollment at your current school)*

☐ Senior Citizen Audit (*Submit completed form on or after the 10th day of classes, along with proof of age and Connecticut state residency.*)

☐ Other Approved Program (*please specify*) _____

Enrollment Request

Semester/ Year	Class Number	Campus	Subject Area	Catalog Number	Class Section	Number of credits	Permission Number	Instructor Signature (*Senior Citizen Audit only*)
	Alternate							

Student Affirmation

By enrolling for credit courses, I accept responsibility for knowledge of and compliance with all University rules, regulations, definitions, and procedures pertaining to my student status at the University of Connecticut. This includes, but is not limited to, any special regulations and procedures concerning course registration, drop or withdrawal, and fee refunds. I understand that successful registration for the course(s) listed above result in a $65 non-refundable registration fee in addition to applicable course and mandatory fees.

Signature _____ **Date** _____

Note: A **parking fee** as well as a **course material fee** may be charged for some courses and labs.