University of Colorado at Boulder
Student Program Restrictions
_____ Semester 20 _____

CHOOSE ONE
☐ Change for Term Only (143)
☐ Permanent Change (142, 143)

All Changes must be verified and approved by your dean. Changes cannot be Accepted in the Office of Registrations without the appropriate dean's signature.

SUBJECT:_____ **COURSE #:** _____ **SECTION # :** _____

Restrictive Action: (check one)

☐ R – Restrict – Confirmed entry and Sectioning
☐ S – Restrict – Sectioning only
☐ U – Roster notification only

CHOOSE ONE
☐ Make Changes Only
☐ Remove **ALL** Restrictions

Class/Predicted Cumulative Hours designation:

1. Include or Exclude group identified below (choose one)
   ☐ INCLUDE ☐ EXCLUDE
2. Class Codes (choose appropriate codes)
   ___ UCR - education certification
   ___ GM - graduate, master's level
   ___ GD - graduate, doctoral level
3. Predicted Cumulative Hours: (choose any applicable ranges)
   ___ 0-26 (Freshman)
   ___ 27–56 (Sophomore)
   ___ 57-86 (Junior)
   ___ 87-180 (Senior, Fifth Year Senior)

☐ No Class Change
☐ Only Change Class Restrictions
☐ Remove All Class Restrictions

College/Major Code designations:

BE CAREFUL! There is an implied "OR" between the college/school and the major code. Restrictions will apply to the college OR the major.

1. Include or Exclude group identified below: (choose one)
   ☐ INCLUDE ☐ EXCLUDE

2. College/School designation: (choose all appropriate codes)
   ___ AS ___ BU ___ EB ___ EN ___ EV ___ JR
   ___ LW ___ MB ___ PH ___ GR ___ BG

3. Major Code designation: (list all applicable 4-letter codes; maximum of 16 codes possible)
   _____ _____ _____ _____ _____ _____ _____ _____
   _____ _____ _____ _____ _____ _____ _____ _____

☐ No College/Major Change
☐ Only Change College/ Major Restrictions
☐ Remove All College/ Major Restrictions

Comments:

Department Approval: _____ Contact phone: _____

Dean's Approval: _____ Date: _____

Academic Scheduling: _____ Date: _____

CLICK **HERE** TO RESET FORM.

REV 07/03