

Request for NON-FUNDED Late Registration



University Policy Number 3364-71-08

Form RO Rev 201710

Students must complete this form to request registration changes after the add/drop period for each part of term (pro-rated for summer semester).

If this is an initial registration after the 15th day of the term, the student will be assessed a \$200 late registration fee.

Student Instructions for Processing Late Registration Request:

Obtain signatures in the following order: 1. Instructor, 2. Dean of the College in which the student is enrolled, and 3. Provost.

Undergraduates should obtain a signature from the Vice Provost for Academic Operations (UH 3340). Graduate students should obtain a signature from the Vice Provost for Graduate Affairs (UH 3240).

Completed forms should be submitted for processing to:

Main Campus, Rocket Solution Central, Rocket Hall, Room 1200, or
Health Science Campus, Student Service Center, Mulford Library, 1st Floor

Rocket ID: **R** _____ Student Name: _____
Last Name First Middle

I am requesting permission to register late for the following courses for the term indicated:

Year		Term		10 = Spring		If Summer, please indicate session:			
				30 = Summer		<input type="checkbox"/> 1 - Full Term	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 3
				40 = Fall					

Action (R)quest (D)rop	CRN	Subject Code	Course Number	Section Number	Credit Hours	REQUIRED AUTHORIZATION FOR ENROLLMENT Instructor must sign and date next to appropriate course below.
						Date: _____
						Date: _____
						Date: _____
						Date: _____
THIS SECTION SHOULD BE COMPLETED BY THE INSTRUCTOR FOR SEMINAR REQUEST AND INDEPENDENT STUDY COURSES NOT LISTED IN THE COURSE SCHEDULE.						
	Seminar Information					Date: _____
Specialty Title: _____ Instructor's Printed Name: _____ (Maximum of 32 characters)						
					Subtitle Code: <input style="width: 50px; height: 20px;" type="text"/>	71 = WAC 91 = HON 85 = Study Abroad 92 = WAC and HON

Detailed Reason for Late Registration: _____

Student's Signature _____ Date _____

College Approval:

Provost Approval:

Dean's Signature _____ Date _____

Provost's Signature _____ Date _____

College: _____

Undergraduate Students: Main Campus Provost's Office- UH3340
 Graduate Students: College of Graduate Studies- UH 3240
 Health Science Campus Office-MLB 0213