Request for NON-FUNDED Late Registration

Students must complete this form to request registration changes after the add/dr op 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 $1,000 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.
Undergraduate should obtain a signature from the Vice Provost for Academic Operations (UH 3350). 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: ____________________________

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

Year Term 10 = Spring 30 = Summer 40 = Fall
If Summer, please indicate session:
□ 1 – Full Term  □ Session 1  □ Session 2  □ Session 3

Action (R) Request (D) Drop

<table>
<thead>
<tr>
<th>Action</th>
<th>CRN</th>
<th>Subject Code</th>
<th>Course Number</th>
<th>Section Number</th>
<th>Credit Hours</th>
<th>REQUIRED AUTHORIZATION FOR ENROLLMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Instructor must sign and date next to appropriate course below.</td>
</tr>
</tbody>
</table>

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: ____________________________

Subtitle Code: 71 = WAC 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/Chancellor’s Signature Date

Undergraduate Students: Main Campus Provost’s Office—UH 3350
Graduate Students: College of Graduate Studies—UH 3240
Health Science Campus Office—MLB 0213