Request for Late Registration/Course Transfer

Student ID: N__________________ Student Name:__________________________________ Term/Year_________________

You must bring this completed form in-person to One-Stop Student Services with a valid picture ID. Forms will NOT be processed unless the student is present.

☐ Late Add: This request must be made by the date posted on the Academic Calendar.

Course Number:_________________________ CRN_________________________ Credit Hours:__________

☐ Course Transfer: This request must be made by the date posted on the Academic Calendar.

Course transfers should be utilized only to transfer to a course with the same number of credit hours as the original course.

Original Course Title:____________________________________________________________________________________________

Course Number:_________________________ CRN_________________________ Credit Hours:__________

New Course Title:_______________________________________________________________________________________________

Course Number:_________________________ CRN_________________________ Credit Hours:__________

Required Signatures: (All signatures are REQUIRED. Forms missing any signatures will NOT be processed.)

Reminder: Enrollment capacity cannot exceed fire code.

1. Advisor’s Approval
By signing this petition, the advisor confirms that the student meets all requirements for the course, including prerequisites.

Enrollment Capacity is:_________________________ Current Enrollment is:_________________________

Advisor’s Name (please print) ___________________________ Advisor’s Signature ___________________________ Date _____________

2. Instructor’s Approval: (Instructor of the New Course for Course Transfer requests)

Instructor’s Name (please print) ___________________________ Instructor’s Signature ___________________________ Date _____________

3. Chairperson’s Approval: (Chair of the department offering the requested course)

☐ Classroom fire code capacity has not been exceeded.

Chairperson’s Name (please print) ___________________________ Chairperson’s Signature ___________________________ Date _____________

Student must read and initial each statement:

________ I understand that if I am late adding a course, I will be assessed a $100.00 late registration fee.

________ I understand that if I am late adding a course, Student Financial Services will assess an additional $100.00 late payment fee.

________ I have cleared all registration holds off of my account. (Forms cannot be processed if the student has registration holds.)

Student’s Signature:_____________________________________________ Date:_______________________________________

Received by:___________ Date:_______________ Revised 05/17/17

Processed by:___________ Date:_______________