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 Subject and Number:_________________________ CRN_________________________ Credit Hours:__________

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

IMPORTANT: Course transfers should only be utilized to transfer to a course within the same term or part of term and for the same number of credit hours as the original course.

Original Course Title:___________________________________________________________________________________________

Course Subject and Number:_________________________ CRN_________________________ Credit Hours:__________

New Course Title:_______________________________________________________________________________________________

Course Subject and Number:_________________________ CRN_________________________ Credit Hours:__________

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

Reminder: Enrollment capacity cannot exceed the assigned classroom's fire code capacity.

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 __________________________________________________________________________________________________

*by signing you are agreeing to confirm whether this student participates in an Academic Activity for this course

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

☐ Classroom fire code capacity has not been exceeded. OR ☐ Course is Distance Learning (online)- no classroom

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:__________________  Processed by:__________  Date:__________________

Revised 07/09/18

Note: All signatures are REQUIRED. Forms missing any signatures will NOT be processed.