Late Enrollment Request Form

Student ID: ____________________________

Name: ____________________________

1. COURSE TO BE ADDED:

Class Number: ____________
Course Name: ____________________________
First Day of Attendance: ____________

2. DEPARTMENT APPROVAL:

Instructor Name: ____________________________
Instructor Signature: ____________________________
Date: ____________

Dean Name: ____________________________
Dean Signature: ____________________________
Date: ____________

3. REASON FOR LATE ENROLLMENT:

________________________________________________________________________
________________________________________________________________________

4. STUDENT SIGNATURE: ____________________________
Date: ____________

Late Enroll Req 02-07-17