

Late Registration Form

Last Name: _____ ID#: 987- _____ - _____

First Name: _____

Major: _____ Minor (if applicable): _____ Level: _____

Term: _____ Year: _____

Course #	Section #	Title of Course	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Credits			_____

I understand that I will be charged a Late Registration Fee as explained in the Student Handbook.

Student's Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

For Registrar's Office use only:

Entered by: _____ Date: _____