



LATE REGISTRATION & LATE COURSE CHANGE FORM

This form is to be completed by the student and is for current term registration only. Please read instructions for completing this form. Graduate College academic deadlines are published on the Graduate College website.

TERM: [] FALL [] SPRING [] SUMMER YEAR: _____ UIN: _____

NAME: _____ DEPT: _____
(PLEASE PRINT) Last First MI

STUDENT PHONE: _____ EMAIL: _____

STUDENT'S SIGNATURE: _____ DATE: _____

APPROVAL REQUIRED FROM THE STUDENT'S ACADEMIC DEPARTMENT OFFICE AFTER DEADLINE:

AUTHORIZED DEPARTMENTAL SIGNATORY: _____ DATE: _____

PRINT NAME: _____

Table with 6 columns: ACTION, CRN, SUBJECT & NUMBER, SECTION, CREDIT HOURS, COURSE DEPARTMENT APPROVAL - STAMP, SIGN, & DATE. Includes checkboxes for ADD, DROP, CREDIT CHANGE and a section change question.

INSTRUCTOR SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Table with 6 columns: ACTION, CRN, SUBJECT & NUMBER, SECTION, CREDIT HOURS, COURSE DEPARTMENT APPROVAL - STAMP, SIGN, & DATE. Includes checkboxes for ADD, DROP, CREDIT CHANGE and a section change question.

INSTRUCTOR SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Table with 6 columns: ACTION, CRN, SUBJECT & NUMBER, SECTION, CREDIT HOURS, COURSE DEPARTMENT APPROVAL - STAMP, SIGN, & DATE. Includes checkboxes for ADD, DROP, CREDIT CHANGE and a section change question.

INSTRUCTOR SIGNATURE: _____ DATE: _____

PRINT NAME: _____

For GSAS Processing Only
Maintenance Completed by: _____ Date: _____