

Request to LATE ADD a Course

Student Name Student ID:	UWP email address: Phone Number: equest must be submitted to the Registrar's Office by the deadline for the class session. (See Important Semester Dates and Deadlines in course schedule for specific dates)				
I					
Request to	ADD the following course for _		(term a	nd year)	
Class #:	Dept:	Course#:		ec:	
		Credits:	Aud	it: Yes No	
Class Title:		Instructor:			
Reason for lat	e request:				
	I agree to pay the tuition/fees due for this class a nd that processing this request may produce a balanc is been added to my account. I realize that a hold will be Cashier's Office. This fee charge	e owed and it is my responsibility to co	ontact the Cashier's the balance is paid	Office and determine what	
NOTE:	Form will NOT be processed if any It is the student's responsibility to Notification of enrollment stat	resolve their holds & notif	y the Office of	the Registrar.	
	Check your email account to dete				
Student Signature:		t	Date:		
	* * * * * SIGNATURES MUST B	E OBTAINED IN THIS	ORDER * * *	* * *	
Signature #1 – INSTRUCTOR		Арр	proved	Denied	
		[Date:		
* Signature	#2 – DEPARTMENT CHAIR	Арр	proved	Denied	
		[Date:		
* Signature #3 – ACADEMIC DEAN		Арр	proved	Denied	
		[Date:		
Once ALL signa	tures are obtained, return form to Office	of the Registrar – Wyllie Hall	, Room D187.		
FOR OFFICE US	E Date Processed:	Processed By:		(Rev: 2/14)	