Request to LATE ADD a Course

Student Name: ____________________________
UWP email address: ____________________________

Student ID: ____________________________
Phone Number: ____________________________

Request 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)

<table>
<thead>
<tr>
<th>Request to ADD the following course for ____________________________ (term and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class#: ___ ___ ___ Dept: ___ ___ ___ Course#: ___ ___ ___ Sec: ___ ___ ___</td>
</tr>
<tr>
<td>Discussion: ___ ___ ___ Lab: ___ ___ ___</td>
</tr>
<tr>
<td>Credits: ________ Audit: Yes ___ No ___</td>
</tr>
</tbody>
</table>

Class Title: ____________________________
Instructor: ____________________________

Reason for late request:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I agree to pay the tuition/fees due for this class and understand payment is due within one week of registration.

I further understand that processing this request may produce a balance owed and it is my responsibility to contact the Cashier's Office and determine what charge, if any, has been added to my account. I realize that a hold will be placed on my student record unless the balance is paid as soon as possible to the Cashier's Office. This fee charge is subject to a monthly interest charge of 1%.

NOTE: Form will NOT be processed if any registration hold exists on the student's record.
It is the student's responsibility to resolve their holds & notify the Office of the Registrar.

Notification of enrollment status is done through UW-Parkside email.
Check your email account to determine if the request has been processed.

Student Signature: ____________________________ Date: _____________

***** SIGNATURES MUST BE OBTAINED IN THIS ORDER *****

Signature #1 – INSTRUCTOR

_____ Approved     _____ Denied

Date: _____________

* Signature #2 – DEPARTMENT CHAIR

_____ Approved     _____ Denied

Date: _____________

* Signature #3 – ACADEMIC DEAN

_____ Approved     _____ Denied

Date: _____________

Once ALL signatures are obtained, return form to Office of the Registrar – Wyllie Hall, Room D187.

FOR OFFICE USE Date Processed: _____________ Processed By: _____________ (Rev: 2/14)