Eastern Kentucky University – Request for Late Enrollment

Late enrollment into a course CANNOT be processed if this form is received by the department AFTER the deadline for late registration (full term classes = Fri. of 2nd wk; 8wk classes = Wed. of 2nd week; for other class lengths contact Registration Center) unless approved by the Provost Office.  [Note: the late enrollment policy specifies that university holds preventing registration do not constitute “extraordinary circumstances”.]

Check College of student’s major. □ Arts & Sciences □ Business & Tech □ Education □ Health Sciences □ Justice & Safety □ Enroll Mgmt (undeclared)

Student Name: ___________________________________________ Date: ____________
(Please Print) Last First M.I.

Student ID Number: ________________________________________

Current Phone Contact: (Mandatory) ___________________________

Student Address: _______________________________________
Street City
State Zip Code

Student EKU e-mail: _______________________________________
(Only your EKU account will be used for official communications regarding your academic record.)

Student’s Advisor: _______________________________________

Semester: (Write in Year) Fall _______ Spring _______ Summer _______

With my signature I request enrollment into the course(s) listed below.

College Representative: ___________________________________

Student Signature: _______________________________________
(Mandatory)

Multiple courses may be listed ONLY if from same department.

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course Prefix &amp; Number</th>
<th>Credit Hours</th>
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Student Justification – Explain the circumstances justifying this registration. Please attach any required supporting documentation

Instructor Justification – Why should student be able to register late? Has the student been attending class? If so, explain circumstances justifying attendance without formal registration.

ACADEMIC DEPARTMENT OFFERING COURSE:

1. ___________________________________________ □ Approve □ Disapprove Date: ____________
   Instructor’s Signature (or Chair if Instructor not available.)

2. ___________________________________________ □ Approve □ Disapprove Date: ____________
   Chair’s Signature

   Dean’s Signature (College offering course)

DEAN OF COLLEGE OF THE STUDENT’S MAJOR:

□ Overload Approved □ Repeat approved. (Not needed if repeating a course with a “W”.)

   Dean’s Signature

   Provost Office Approval - Required only for requests after 2nd week deadline

   Provost or Designee Signature

PROVOST OFFICE APPROVAL - Required only for requests after 2nd week deadline

NOTICE

This form, with original signatures, is submitted to the Registrar’s Office and becomes part of the student’s academic file.

For Reg. Office use only:

Processed by: _______________________________
Copies sent: □ Student □ Advisor □ Chair □ Dean of Student’s Major □ Graduate Dean (if applicable)

ACAD. DEPARTMENT – Date
Stamp: The academic department must verify date of receipt of this form.

Revision date: 06/02/08