Permission to Enroll in a Full Class/Late Registration Form

Semester: (*Check one*) _____**Fall** _____**Spring** _____**Summer**

Social Security or Student ID Number_____

Student Name_____ _____
Last First

Instructions: Please mark if you are attempting to register for a full class or for a class that has already started.

FULL CLASS _____FOR ONLINE COURSES – MUST EMAIL INSTRUCTOR FOR APPROVAL

CALL# _____ Course (i. e. PSY 101)_____
Class Starts_____ Class Ends_____
Print Instructor's Name_____
Instructor's or designee's Signature_____ Date_____

LATE REGISTRATION _____FOR ONLINE COURSES – MUST EMAIL INSTRUCTOR FOR APPROVAL

_____**16-week class**
CALL# _____ Course (i.e. PSY 101)_____
Class Starts_____ Class Ends_____
1st week – Instructor signature is required. Permission is at the discretion of the instructor.
2nd & 3rd week – Instructor and the department chair or designee's signatures are required
*Note – After the 3rd week no late registration permitted
Print Instructor's Name_____ Date_____
Instructor's Signature_____
Print Department Chair's Name_____
Department Chair's or Designee's Signature_____ Date_____

_____**10-15-week class**
CALL# _____ Course (i.e. PSY 101)_____
Class Starts_____ Class Ends_____
1st week – Instructor signature is required. Permission is at the discretion of the instructor.
2nd week – Instructor and the department chair or designee's signatures are required
*Note – After the 2nd week no late registration permitted
Print Instructor's Name_____ Date_____
Instructor's Signature_____
Print Department Chair's Name_____
Department Chair's or Designee's Signature_____ Date_____

_**4-9-week class**
CALL# _____ Course (i.e. PSY 101)_____
Class Starts_____ Class Ends_____
1st week – Instructor and the department chair or designee's signatures are required
*Note – After 1st week no late registration permitted
Print Instructor's Name_____ Date_____
Instructor's Signature_____
Print Department Chair's Name_____
Department Chair's or Designee's Signature_____ Date_____

Student Signature_____ Date_____