

Late Change of Registration Request

The Graduate School

Name: _____ ID #: _____
 Street Address: _____ Phone #: _____
 City/State/Zip: _____ Email: _____
 Late change of registration is requested for: Term: _____ Year: _____

Change of Registration					Type of Credit			
Dept. Name	Course No.	Section No.	Hours Credit	G	UG	Audit	Withdrawal	
Add: _____								
Drop: _____								

Justification for late change of registration **(required)**

Instructor and Graduate Program Director: You are asked to indicate by your signature that you have been notified of the student's request for late change of registration regarding the course listed above and whether or not you endorse the request (yes or no).

	Endorse		
	Yes	No	Date
Instructor	_____	_____	_____
Graduate Program Director	_____	_____	_____

I affirm that the above information is accurate.

Student Signature _____ Date _____

Instructions: After the change of registration deadline, a student requesting a change in registration must demonstrate that the request is based on circumstances beyond the student's control. Approval for late change of registration must be sought through the Graduate School.

Submit this form with signatures to: **The Graduate School**
111 Student Services Building
Phone: (865) 974-2475
Fax: (865) 946-1090