



## Eastern Kentucky University - Office of the Registrar

### Request for Late Enrollment

**Student Name:** \_\_\_\_\_  
Last First M.I

**Student ID Number:** \_\_\_\_\_

**Current Phone:** \_\_\_\_\_

**Semester:** (Semester and Year) \_\_\_\_\_

*With my signature I request enrollment into the course(s) listed below. I acknowledge that by registering for the course(s) below I am responsible for any associated tuition charges and fees which may result. If there is an issue which prevents my registration, I understand that I will be notified via my EKU student e-mail. Failure to resolve any issues promptly may result in my request being voided.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### REGISTRATION INFORMATION

Approval from the instructor, chair, and dean of the college offering the course serves to authorize the Office of the Registrar to provide any course override required to register the student. This does not extend to a credit hour overload nor does it bypass a registration hold.

Late enrollment into a course CANNOT be processed if this form is received by the Office of the Registrar AFTER the deadline for late registration without approved exception.

**Student Justification** – Explain the circumstances justifying this registration. \*Please note: If late enrollment is requested after 2<sup>nd</sup> week deadline appropriate documentation verifying extraordinary situation must be attached.

**Instructor Justification** – Why should student be able to register late?

**Multiple course can be listed only if they are offered through the same department.**

CRN	Course Prefix & Number	Credit Hours	Instructor's Approval Signature
			Date: _____
			Date: _____
			Date: _____
			Date: _____

**ACADEMIC DEPARTMENT AND COLLEGE OFFERING COURSE(S):**

\_\_\_\_\_ Date: \_\_\_\_\_  
 Chair's Approval Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
 Dean's Approval Signature

**CREDIT HOUR OVERLOAD APPROVAL:** The dean from the college of the student's first major must approve.

Total Hours after Overload: \_\_\_\_\_

College Representative: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**PROVOST or DESIGNEE APPROVAL SIGNATURE:** Required only for requests after 2<sup>nd</sup> week deadline.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_