



# Request for Late Enrollment

Office of the Registrar

This form is to be used only to request a late enrollment during the dates listed below, and should not be used during the regular enrollment period or after these dates. Completed forms can be faxed to the Office of the Registrar (510-885-3816) or submitted to the Enrollment Information Center in the Student Administration Building. Only forms completed with department and financial approval, and received within the dates listed below, will be processed. If there is a hold on the student's record the enrollment will not be processed. Please note that enrollment after the add deadline may result in changes to the student's financial aid award. A \$25 late registration fee will be assessed for students who currently have no enrollment.

Instructions for Student: 1) Obtain signature and stamp from the department offering the class AND 2) Obtain financial approval from the Accounting Office/Cashier OR the Financial Aid office if you are a financial aid student 3) Submit the completed form within the dates listed below to the Office of the Registrar.

Spring Quarter 2018: April 10 – April 16, 2018

Summer Quarter 2018: June 25 – June 29, 2018

**\*FORMS RECEIVED AFTER THIS DATE WILL NOT BE PROCESSED**

Net ID \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student Signature (**REQUIRED**) \_\_\_\_\_

Class No.	Course I.D. (Dept. Course No. and Section)	Desired Grade Type (Letter Grade or CR/NC) Circle One*		Department signature of Approval REQUIRED	Department Stamp REQUIRED for each course (By stamping this form, the department confirms that there is sufficient room in the classroom for this student)
		LG	CR/NC		
		LG	CR/NC		
		LG	CR/NC		
		LG	CR/NC		
		LG	CR/NC		
		LG	CR/NC		

\*If left blank, the grade type will be defaulted to "Letter Grade"

TOTAL UNITS REQUESTED: \_\_\_\_\_

Academic Career:  Undergraduate  Post Baccalaureate  Self Support  Open University

**REQUIRED: Student must obtain approval by the Accounting/Cashiers Office or Financial Aid Staff:**

**ACCOUNTING/CASHIERS:** I certify that the student has paid sufficient fees for the class(es) listed above

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

**FINANCIAL AID:** I certify that the student will have sufficient aid to cover the charges for the class(es) listed above.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Registrar Use Only:**  Approved  Not Approved Processed by: \_\_\_\_\_ Date: \_\_\_\_\_