OFFICE OF THE REGISTRAR
25800 Carlos Bee Blvd. Hayward, CA 94542
Ph: 510.885.2784 Fax: 510-885-3816

REQUEST FOR LATE ENROLLMENT

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 2016: April 13 – April 18, 2016
Summer Quarter 2015: July 8 - July 13, 2015
Fall Quarter 2015: October 8 - October 13, 2015

*FORMS RECEIVED AFTER THIS DATE WILL NOT BE PROCESSED

Net ID __________________________
Name ____________________________________________________________________________
(Last) (First) (Middle Initial)
Student Signature (REQUIRED) ____________________________________________

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

Office of the Registrar: Approved: ☐ Not Approved ☐ __________________________
Coded By: ______________ Date: ___________