CAL STATE EAST BAY

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. 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/drop 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:

1. Obtain signature and stamp from the department offering the class.
2. Obtain financial approval from the Accounting Office/Cashier OR the Financial Aid office if you are receiving financial aid.
3. Submit completed form within the dates listed below to the Office of the Registrar in one of the following ways:
   a. In person to the Enrollment Information Center in the Student Administration Building at the Hayward Campus, or to the Academic Services Lobby at the Concord Campus.
   b. Fax to The Office of the Registrar at 510.885.3816
   c. Email to reg@csueastbay.edu

Dates to use form:

Fall 2019: Sept. 4-10, 2019 **Winter Intersession 2020: Jan. 6 (one day only)** **Spring 2020: Feb. 4-10, 2020**

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		

***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 Office Use Only: ☐ Approved Processed by: _____ Date: _____
☐ Not Approved _____

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