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. Fill out the form and send to the department offering the class for approval.
2. After department approves, forward form and email approval from the department to either studentfinance@csueastbay.edu OR finaid@csueastbay.edu, as appropriate, to verify fees have been paid.
   a. If you have sufficient payment and/or financial aid to cover fees for the additional course(s), this form will be forwarded to Registrar’s for processing.
   b. If you DO NOT have sufficient payment and/or financial aid to cover fees for the additional course(s), this enrollment will not be processed and you will be notified via your Horizon email.

Summer 2020: June 6-12, 2020  Fall 2020: Sept 1-8, 2020  Winter: Jan 6, 2021 (one day only)  Spring 2021: Feb 2-8, 2021

Net ID __________________________

Name ____________________________________________________________
(First)  (Last)  (Middle Initial)

Student Signature (Required) ____________________________________________

<table>
<thead>
<tr>
<th>Class No.</th>
<th>Course I.D. (Dept. Course No. and Section)</th>
<th>Desired Grade Type (ABC/NC or CR/NC)</th>
<th>Department Approval (Required)</th>
<th>Email department for approval</th>
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<tbody>
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<td>ABC/NC</td>
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<td>ABC/NC</td>
<td>ABC/NC CR/NC</td>
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</tbody>
</table>

*If left blank, the grade type will be defaulted to “ABC/NC”

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: Email form and department approval to studentfinance@csueastbay.edu OR finaid@csueastbay.edu.

☐ 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.

____________________________________________________________________________________________

For Registrar Use Only: ☐ Approved  Processed by:_________________________ Date:_________________________

☐ Not Approved  ___________________________________________________________