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. 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) _______________________________________________________________________

<table>
<thead>
<tr>
<th>Class No.</th>
<th>Course I.D. (Dept. Course No. and Section)</th>
<th>Desired Grade Type (Letter Grade or CR/NC)</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LG CR/NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LG CR/NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LG CR/NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LG CR/NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LG CR/NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LG CR/NC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 Processed by: __________________________ Date: __________

□ Not Approved