

# Late Change of Registration Request

## The Graduate School

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Late change of registration is requested for: Term: \_\_\_\_\_ Year: \_\_\_\_\_

	Change of Registration				Type of Credit			
Dept. Name	Course No.	Section No.	Hours Credit	G	UG	Audit	Withdrawal	
Add:								
Remove:								

Justification for late change of registration **(required)**

**Instructor and advisor:** You are asked to indicate by your signature that you have been notified of the student's request for late change of registration regarding the course listed above and whether or not you endorse the request (yes or no).

	Endorse		
	Yes	No	Date
Instructor	Yes	No	Date
Advisor	Yes	No	Date

*I affirm that the above information is accurate.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** After the change of registration deadline, a student requesting a change in registration must demonstrate that the request is based on circumstances beyond the student's control. Approval for late change of registration must be sought through the Graduate School.

Submit this form with signatures to: **The Graduate School**  
**P-105 Andy Holt Tower**  
**Phone: (865) 974-2475**  
**Fax: (865) 946-1090**