

# LATE REGISTRATION FORM

## Deadlines

Fall or Spring Semester – The late registration deadline is always the **tenth day of the term**, regardless of the start date of the class. (This is also the same day the university reports its census to the state for funding purposes.)

Summer Semester – The late registration deadline is always the **third day of class**. Missing three days in a summer course is the equivalent of missing nine days in a fall or spring course.

## Special Circumstances

Except under special circumstances, students are not permitted to enroll at the university or add courses after the university has reported census to the state and the late registration deadline has passed. Special circumstances that warrant consideration beyond the deadline are:

- When adding a course to an existing schedule so that it will allow the student to complete graduation requirements in the current term. This exception is only available to students who have applied for graduation.
- Immediately upon receipt of a job offer from an internship or co-op employer if the student can complete the required number of intern/co-op hours before the end of the term.

## Tuition and Fees

If registering for another course causes additional charges in tuition, payment must be received within **twenty-four hours** or the late registration will be dropped. A late registration fee of \$10.00 per course is required and will be applied to a student’s account.

920 \_\_\_\_\_  
 Student ID Number Last Name First MI

\_\_\_\_\_  
 CRN Course Prefix Course Number Section Number Course Title

Semester \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_

I recommend the student be permitted to schedule this course after the deadline for late registration if space is available.

PRIMARY ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If the instructor and department head sign this form, it is understood that the department has given the student permission to enter that course after the deadline for registration.

INSTRUCTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT HEAD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please submit the completed form to the Office of the Registrar (206 Killian Annex, [registrar@wcu.edu](mailto:registrar@wcu.edu)) for processing.

<b>OFFICE USE ONLY</b>	
Processed by: _____	Date: _____