



LATE REGISTRATION ENROLLMENT REQUEST

Student First Name Last Name Student ID Number Phone Semester

A student signature on this form authorizes Admissions and Records staff to adjust enrollment as requested below. The student is responsible to ensure that required signatures/approvals are included, payment is made (if applicable), and this form is submitted by deadlines. All enrollment requests are subject to approval; the student is responsible to check their account in myWNC to determine if the enrollment request was processed, to check for the accuracy of the enrollment (if applicable), and to make payment according to payment deadlines. Students are responsible to know deadlines for refund, withdrawals, and residency applications – extensions are not granted for students who register after deadlines. Note: winter session uses spring semester deadline dates.

Student Signature Date

Requests to add full classes will not be processed unless consent is granted by the applicable division* .

Plus a \$25 late payment fee is required.

(applicable) for full-term classes is the Friday of the fourth week in the semester. The deadline for late registration is subject to approval. This request is subject to approval. Residency applications, or residency applications for late registration.

1) Course Registration Number (i.e. 32876): _____ Prefix/Number (i.e. BUS 101) : _____ Credit Audit
Is the class full? Yes No NOTE: *If the class is full, request will not be processed unless division consent is granted.

Instructor Name (Print): _____ Instructor Signature: _____ Date: _____

2) Course Registration Number (i.e. 32876): _____ Prefix/Number (i.e. BUS 101) : _____ Credit Audit
Is the class full? Yes No NOTE: *If the class is full, request will not be processed unless division consent is granted.

Instructor Name (Print): _____ Instructor Signature: _____ Date: _____

3) Course Registration Number (i.e. 32876): _____ Prefix/Number (i.e. BUS 101) : _____ Credit Audit
Is the class full? Yes No NOTE: *If the class is full, request will not be processed unless division consent is granted.

Instructor Name (Print): _____ Instructor Signature: _____ Date: _____

4) Course Registration Number (i.e. 32876): _____ Prefix/Number (i.e. BUS 101) : _____ Credit Audit
Is the class full? Yes No NOTE: *If the class is full, request will not be processed unless division consent is granted.

Instructor Name (Print): _____ Instructor Signature: _____ Date: _____

*Division Approval (for full classes listed): _____

Division Signature Date