Western Nevada College
Admissions and Records

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*.

Late Registration/Reinstatement
For enrollment or reinstatement in full-term class(es) after the first week of the semester
or for enrollment in short-term class(es) after the class begins

- Instructor signature or instructor email is required, specifying course(s) and section number(s); form (and any applicable email attachment) must be submitted within 5 days of instructor approval.
- Prior to enrollment in full-term classes after the second week of the semester, payment in full plus a $25 late payment fee is required.
- Final deadline to submit this form and make payment (if applicable) for full-term classes is the Friday of the fourth week in the semester. Final deadline for short-term classes varies depending on length of class and is subject to approval.
- There are no deadline extensions for class refunds, withdrawals, 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