

LATE REGISTRATION ENROLLMENT REQUEST

Student First Name	Last Name	Student ID Number	Phone	Semester
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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
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Requests to add full classes will not be processed unless consent has been given 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 attached email approval required; form 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 extension 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 has granted consent.

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 has granted consent.

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 has granted consent.

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 has granted consent.

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