Eastern Kentucky University – Office of the Registrar
Request for Late Enrollment

Student Name: _____
(Please Print)   Last   First   M.I.

Student ID Number: _____

Current Phone: _____

Student EKU E-mail: _____
(Only your EKU account will be used for official communications regarding your academic record.)

Student's Major: _____

Semester: *(Write in Year)*   Fall: _____   Spring: _____

                                         Summer: _____   Winter: _____

With my signature I request enrollment into the course(s) listed below. I acknowledge that by registering for the course(s) below I am responsible for any associated tuition charges and fees which may result. If there is an issue which prevents my registration, I understand that I will be notified via my EKU student e-mail. Failure to resolve any issues promptly may result in my request being voided.

Student Signature: _____ **Date:** _____

REGISTRATION INFORMATION

Course Overrides: Approval from the instructor, chair, and dean of the college offering the course serves to authorize the Office of the Registrar to provide any course override required to register the student. This does not extend to a credit hour overload nor does it bypass a registration hold.

Credit Hour Overload: Students seeking to enroll in more than the maximum allowed credit hours for a given semester must have approval from the college dean of their first major. If approval is not provided in the appropriate field below the student will not be registered.

Registration Holds: Students should review their EKU Direct account for any holds which may prevent registration. The student will not be registered until the hold is resolved.

Student Justification – *Explain the circumstances justifying this registration.*

_____

_____

_____

Instructor Justification – *Why should student be able to register late?*

_____

_____

_____

Multiple courses may be listed only if they are offered through the same department.

CRN	Course Prefix & Number	Credit Hours	Instructor's Signature
			☐ *Approve* ☐ *Disapprove* Date:
			☐ *Approve* ☐ *Disapprove* Date:
			☐ *Approve* ☐ *Disapprove* Date:
			☐ *Approve* ☐ *Disapprove* Date:

ACADEMIC DEPARTMENT AND COLLEGE OFFERING COURSE(S):

_____ ☐ *Approve* ☐ *Disapprove* Date: _____
Chair's Signature

_____ ☐ *Approve* ☐ *Disapprove* Date: _____
Dean's Signature

CREDIT HOUR OVERLOAD APPROVAL: List the total number of hours requested. The dean from the college of the student's first major must approve.

Total Hours after Overload: _____

Overall GPA: _____

College Representative: _____

Date Approved: _____

REGISTRAR USE ONLY:

Processed by: _____

Date Processed: _____

Student Notified via EKU e-mail: ☐
Instructor Notified via EKU e-mail: ☐