



# Eastern Kentucky University – Request for Late Enrollment

Late enrollment into a course CANNOT be processed if this form is received by the department AFTER the deadline for late registration (full term classes = Fri. of 2<sup>nd</sup> wk; 8wk classes = Wed. of 2<sup>nd</sup> week; for other class lengths contact Registration Center) unless approved by the Provost Office. [Note: the late enrollment policy specifies that university holds preventing registration do not constitute “extraordinary circumstances”.]

Check College of student’s major.  Arts & Sciences  Business & Tech  Education  Health Sciences  Justice & Safety  Enroll Mgmt (undeclared)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print) Last First M.I.

Student ID Number: \_\_\_\_\_

Current Phone Contact: (Mandatory) \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street City  
State Zip Code

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

Student’s Advisor: \_\_\_\_\_

Semester: (Write in Year) Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

With my signature I request enrollment into the course(s) listed below.

Student Signature: (Mandatory) \_\_\_\_\_

## COLLEGE

**OVERLOAD** (List total number of hours requested in justification.) Registrar’s Office executes action.

Total Hours after Overload \_\_\_\_\_

Overall GPA \_\_\_\_\_

**500-LEVEL CLASS RESTRICTION** (List CRN and course prefix/number.) Dean of college offering course approves exception.

**SECOND OR SUBSEQUENT REPEAT** Approval *not needed if previous two takings includes a WITHDRAW. List previous enrollments by semester in justification.* Dean of college of student’s major approves exception.

Pre-Req Met and Given \_\_\_Y \_\_\_N

Capacity Override Given \_\_\_Y \_\_\_N

Date received/verified by College \_\_\_\_\_

College Representative: \_\_\_\_\_

## NOTICE

This form, with original signatures, is submitted to the Registrar’s Office and becomes part of the student’s academic file.

For Reg. Office use only:  
Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Copies sent:

- Student
- Advisor
- Chair
- Dean of Student’s Major
- Graduate Dean (if applicable)

**ACAD. DEPARTMENT – Date Stamp:** The academic department must verify date of receipt of this form.

Multiple courses may be listed **ONLY** if from same department.

CRN	Course Prefix & Number	Credit Hours

**Student Justification** – Explain the circumstances justifying this registration. Please attach any required supporting documentation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructor Justification** – Why should student be able to register late? Has the student been attending class? If so, explain circumstances justifying attendance without formal registration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACADEMIC DEPARTMENT OFFERING COURSE:

1. \_\_\_\_\_  Approve  Disapprove Date: \_\_\_\_\_

Instructor’s Signature (or Chair if Instructor not available.)

2. \_\_\_\_\_  Approve  Disapprove Date: \_\_\_\_\_

Chair’s Signature

\_\_\_\_\_  Approve  Disapprove Date: \_\_\_\_\_

Dean’s Signature (College offering course)

## DEAN OF COLLEGE OF THE STUDENT’S MAJOR:

**Overload** Approved  **Repeat** approved. (Not needed if repeating a course with a “W”.)

\_\_\_\_\_  Approve  Disapprove Date: \_\_\_\_\_

Dean’s Signature

## PROVOST OFFICE APPROVAL - Required only for requests after 2nd week deadline

\_\_\_\_\_  Approve  Disapprove Date: \_\_\_\_\_

Provost or Designee Signature