The University of Louisiana at Monroe

**A-5**

College of Arts and Sciences

Advising Request Form: **Late Registration or Course Addition**

Date:

Name:       Student Number:       Major:

Cumulative GPA:

Advisor:

Circle applicable request: *Permission to Register Late* *Permission to Add Late*

Reason for Request:

*I understand that I may be at a disadvantage because of the days I have missed in the class(es) I wish to enroll in this term.*

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Student’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Approve

Advisor’s signature Date [ ]  Disapprove

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Approve

Associate Head’s signature Date [ ]  Disapprove

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Approve\*

Dean’s signature Date [ ]  Disapprove

**\*Registration must be completed by the end of the date approved.**