## University of Findlay.

Office of the Registrar | Old Main Room 32 Mail: 1000 N. Main St. Findlay, OH 45840 Email: registrar@findlay.edu Phone: 419-434-4556

## **Registration Request**

| This is a general form used for registrati   | ion that cannot be completed via Self-F  | Registration.  |
|--|--|----------------|
| Year: Academic   | c Period (e.g., Fall, Spring):           |                |
| Student:   |  |                |
| Last Name  | First Name                               | Middle Initial |
| Student ID:  |  |                |
| Course Information   |  |                |
| Course:  | Course Name:                             |                |
| Subject Code Number Section  |  |                |
| Reason for request (select all that apply):  |  |                |
| Course Section is Full (waitlisted/closed) (   | Approval of the Department Chair is also | required)      |
| Reason for bypassing waitlist (e.g. student is in senior year):  |  |                |
|  |  |                |
|  |  |                |
| Department Chair Name  | Department Chair Signature               | Date           |
| Requests to be enrolled in a full course will not be accepted until <u>August 1</u> (for Fall term courses), <u>December 1</u> (for Spring Term courses), or <u>April 1</u> (for Summer term courses). |  |                |
| Late Add (Student Self-Registration period has ended)  |  |                |
|  |  |                |
| <ul> <li>Time Conflict (minimal time overlap between courses)</li> <li>Approval is required from the instructor of the course that you are arriving late to or leaving early from</li> </ul>           |  |                |
| Prereguisite or Coreguisite Override   |  |                |
| (example: taking a lecture without the lab as a refresher or to replace a prior grade)   |  |                |
| Other - please specify:  |  |                |
|  |  |                |
|  |  |                |
|  |  |                |
| Student Signature  | Date                                     |                |
|  |  |                |
| Instructor Name  | Instructor Signature                     | Date           |
| Please take care of student registration holds before submitting this request.   |  |                |
| OFFICE USE ONLY  |  |                |
| Date Received: Processed By:   | Date Processed:                          | 04/2022        |