

Office of the Registrar

Mail: 1000 N. Main St. Findlay, OH 45840

04/2022

Email: registrar@findlay.edu Phone: 419-434-4556

Registration Request

This is a general			eriod (e.g., Fall, Spring):	-
tudent:			 First Name	 Middle Initial
tudent ID:				
Course Information				
Course: Subject Code	 Number	– ————————————————————————————————————	Course Name:	
leason for request (se	elect all that ap	ply):		
Reason for bypass	ing waitlist (e.g	ı. student is ir	n senior year):	
	rolled in a full c	ourse will not	partment Chair Signature t be accepted until <u>August</u> 1 (for Summer term course	
Late Add (Student	t Self-Registrati	on period has	s ended)	
Time Conflict (mir				ving late to or leaving early from
	lecture withou	t the lab as a	refresher or to replace a pri	ior grade)
Other - please spe	cify:			
Student Signature		Da	ate	
Instructor Name		Ins	structor Signature	Date
Please	take care of stu	dent registrat	tion holds before submitting	g this request.

Date Received: _____ Processed By: _____ Date Processed:_____