

# LATE REGISTRATION CHANGE REQUEST



(After Course Add/Drop)

**This form must be complete in order to be accepted and considered for processing**  
 Late Registration Change Requests should be filed prior to 2:00 p.m. the Tuesday after finals week  
**Students must also present their photo ID.**

Registrar's Office  
 Division of Enrollment and Access  
 Centennial Hall  
 1063 Campus Delivery  
 Fort Collins, CO 80523-1063  
 (970) 491-4860 Phone

Name (please print): \_\_\_\_\_ CSU ID: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.colostate.edu

Student Level:  Undergraduate     Graduate     Professional (Vet Med)     INTO

Semester:  Fall     Spring     Summer    Year: \_\_\_\_\_

Action: Add or Credit Adjustment (Drop or Withdraw for Restricted Drop Only)	CRN	Course Subject and Number	Section Number	Increase/Decrease Credits By: (circle + or -)	Final Credit Total For Course
				+ -	
				+ -	
				+ -	

This request applies only to courses offered by this department. If the student has registration hold, or is ineligible to register for the term, a request to add courses will not be processed. Requests to drop or withdraw will be processed. Registration adjustments can impact your financial record, resulting in additional charges or possible refund. Please consult with the Office of Financial Aid 970-491-6321, prior to submitting this form.

Please check below as applicable:

- Internship/independent study/supervised college teaching finalized
- Department error such as wrong or late override
- Department correction/adjustment

**ALL SECTION RESTRICTION OVERRIDES MUST BE ENTERED INTO THE ARIES SYSTEM BY THE DEPARTMENT PRIOR TO PROCESSING.**

Department \_\_\_\_\_ Phone \_\_\_\_\_

Department Authority - Printed Name \_\_\_\_\_

Department Authority - Signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY THE STUDENT:

**By signing this form to add a class, I acknowledge the following:**

1. I have been attending the course(s) and if I am eligible for the College Opportunity Fund (resident, undergraduate student), I understand that the guidelines for this fund require that I be registered before the end of the course add/drop period to receive the COF stipend. **Undergraduate students** please initial to indicate your understanding here \_\_\_\_\_.

2. The charges associated with this registration will be billed to my University student account and there is no appeal for removal or reduction of any of the additional charges (listed below) for which I may be responsible. **All students** please initial to indicate your understanding here \_\_\_\_\_:

- |                             |                             |  |                          |
|-----------------------------|-----------------------------|--|--------------------------|
| --Full tuition              | --University facility fee   | --Supplemental tuition                                 | --Upper division tuition |
| --Course fees & charges     | --General student fees      | --Late registration fee                                | --COF assessment         |
| --University technology fee | --College technology charge | --Health insurance (only applies to graduate students) |                          |

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Undergraduate and Professional Vet Med Students:** This form must be submitted to the Registrar's Office, Centennial Hall.

**Graduate students:** This form must be submitted to the Graduate School, 108 Student Services.

**INTO students:** This form must be submitted to the INTO Center, Alder Hall.