

# Request for Approval to Register after Late Registration

Office of the Registrar, University of Memphis, 003 Wilder Tower / Ph: 678-2810 / Fax: 678-1425

Name (L, F, MI): \_\_\_\_\_ U-Number: U \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Reason for Your Request to Register Late

I understand that I will be assessed \$200 in late fees that and all my fees must be satisfied by the deadline at the bottom of the form or I will not be registered in the following courses. I further understand that the *Installment Payment Plan* is not available for Registrations approved for processing after the date specified as "Last Day to Add." The University reserves the right to correct errors in my fee assessment and charges that are discovered subsequent to the processing of the Late Registration request.

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

Are you expecting Financial Aid for this term?      Yes      No

Requested Schedule/Total hours: \_\_\_\_\_

CRN #	Subject	Course #	Sec #	Hrs Cr	CRN #	Subject	Course #	Sec #	Hrs Cr
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

### To be completed by college representative:

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Part of Term:    Pre    1<sup>st</sup>    2<sup>nd</sup>    Full    1<sup>st</sup> Tchr    2<sup>nd</sup> Tchr    Regents

Verify on Banner – Major/Classification: \_\_\_\_\_

GPA: \_\_\_\_\_ Academic Standing:    Good Standing    Probation

\_\_\_\_\_  
Signature - Authorized College Representative      Date      Approved      Denied

### FOR BURSAR, FINANCIAL AID, & CASHIER USE

Amt Due: \$ _____ -	Aid Amt: \$ _____ =	Amt Due from Student: \$ _____
Residency: _____	Fin Aid Req'd Hrs: _____	
Bursar Init/Dt: _____ / _____	Fin Aid Init/Dt: _____ / _____	Burs Init/Dt: _____ / _____
Cashier: Initials: _____ / Receipt#: _____ / Amt Paid: _____ / Date: _____		

**DEADLINE:** \_\_\_\_\_