

LATE REGISTRATION ENROLLMENT REQUEST

Student First Name	Last Name	Student ID Number	Phone	Semester
to ensure that required signa enrollment requests are subje- was processed, to check for	tures/approvals are include ect to approval; the student the accuracy of the enrollm dlines for refund, withdrawa	and Records staff to adjust enrollment and, payment is made (if applicable), and to responsible to check their account in ent (if applicable), and to make payment ils, and residency applications – extension ter deadline dates.	this form is submit myWNC to determ t according to payr	ted by deadlines. All hine if the enrollment reques nent deadlines. Students
Student Signature		Date		
Requests to add full cla	sses will not be proces	ssed unless consent is granted	by the app	olicable division* .
able) for full-term clasing on length of class s, or residency applic	sses is the Friday and is subject to	• •	equired.	
Is the class full?	No NOTE: *If the o	Prefix/Number (i.e. BUS class is full, request will not be processed	d unless division c	onsent is granted.
Instructor Name (Print):		Instructor Signature:		Date:
		Prefix/Number (i.e. BUS class is full, request will not be processed		
Instructor Name (Print):		Instructor Signature:		Date:
3) Course Registration Nu Is the class full?		Prefix/Number (i.e. BUS class is full, request will not be processed		
Instructor Name (Print):		Instructor Signature:		Date:
4) Course Registration Nu Is the class full?	mber (i.e. 32876): No NOTE: *If the c	Prefix/Number (i.e. BUS class is full, request will not be processed	101) :d unless division c	Credit Audit
Instructor Name (Print):		Instructor Signature:		Date:
*Division Approval (for full o	classes listed):			
Division	Signature			