



LATE ENROLLMENT REQUEST FORM

Directions: Complete this form to enroll starting the third day of the quarter if you are unable to use the [online Late Enrollment Request form](#). Return the completed form with all the required signatures to the college by email, fax, mail, or in person. Please allow 2-3 days processing time before viewing your schedule in ctcLink. Changes to your name or address may be completed in your ctcLink Student Center or by submitting a [Name and Mailing Address Change form](#).

Quarter of registration: Summer Fall Winter Spring Year 20

Full legal name _____ Last First M.I. ctcLink Identification Number (###-###-###) _____

LATE ENROLLMENT CLASS INFO	4 or 5-Digit Class Number (example: 12345)	Subject (example: ENGL&)	Number (example: 101)	Credits	Audit (enter "A" to audit)	Step 1: Day 3 of Term Forward Instructor Signature	Date	Step 2: Full Online Courses Only Division Dean Signature	Date	Step 3: Day 6 of Term Forward Vice President of Instruction Signature	Date

Student Signature

By signing this form, you agree to pay all charges that result from the processing of this request.

Signature _____ Date _____

FOR OFFICE USE ONLY

Service Indicator _____	Date _____	Registration Transaction Entered Initial _____ Date _____
Override signature _____	Date _____	
Advisor signature _____	Date _____	