

Course Registration Adjustment

Spring 2020

DIRECTION

- Complete Sections 1 and 2 for any courses to add to your schedule.
- Complete Section 3 if the course being added is replacing an existing course on your schedule.
- Obtain necessary permissions (see below) from the Instructor and Department Chairperson or Program
- Return completed forms to the appropriate office (see Section 4).

	STUDENT DETAIL			
1				
	Banner ID #	Student Name		Class Year
	COURSE TO ADD			
		SECTION and TITLE		
	I will allow the above-named student to late-register in my course.			
2				
	Instructor's Signature		Date	, 1
	<i>I have approved the registration of lapsed time.</i>	of the above-named student, having considered	issues of enrollmen	t, prerequisites, and
	Chair/Director's Signature		Date	
	COURSE TO DROP (if applicable) Note: courses will only be dropped pending successful registration in the above course			
3	Note: courses will only be dropp	bed pending successful registration in the ab	ove course	
	CRN	SUBJ-CRSE-SECTION and TITLE		
	RETURN FORM:			
4	Until 01/28/2020: Forms returned to the Office of the Registrar, Harkins Hall 310, for processing. Beginning 01/29/2020: Forms submitted to Dean of Undergraduate & Graduate Studies, Harkins Hall 213, for approval.			
	Seguring 01/25/202011 of the Subinitied to Double of Ondergraduate of Statutes, Harkins Han 215, for approval.			

Late Course Registration (01/29/2020)

Adding any course after it has met for 3 contact hours requires written authorization from the instructor, department chair or program director of the course. Beginning 01/29/2020 (course has met for 6 contact hours), all schedule changes additionally will require approval from the Office of the Dean of Undergraduate & Graduate Studies. Students are subject to a \$150 late course registration fee for each course added during the late adjustment period. By signing this form, I hereby understand that a \$150 processing fee will be added to my tuition bill and that this is an official college policy.

Student Signature:	Date:
Dean Signature:	Date:

| Please return the **completed** form to The Office of the Registrar | Harkins Hall 310 | | 1 Cunningham Square Providence, RI 02918 | p. 401-865-1033 | registrar.providence.edu |