

PERMISSION FOR LATE ADD REGISTRATION

OneStop Student Services ▪ University Hall ▪ CPO #1350 ▪ 350- 4500

For use in adding a course during the 6th – 10th day of classes
(Students must pre-pay in the Cashier's Office if any additional tuition and fees are applicable)

Name (Print) _____ UNC Asheville ID# _____
Last First Middle
CRN _____ Course Dept _____ Number _____ Section _____ SEMESTER _____ YEAR _____
TERM: Full _____ 1 _____ 2 _____

INSTRUCTOR/DEPARTMENT CHAIRS:

This student is being added to this class for the following reason/s:

This is a full or by-permission-only course: Yes No This is a request to over-ride a time conflict: Yes No
This is a request to over-ride co/pre-requisite: Yes No This is a variable credit course for _____ credit hours.

Instructor Signature _____ Date _____
Please check all appropriate boxes above before signing form.

Dept. Chair Signature _____ Date _____
Department chair's signature is required for all late-add requests

By signing below, I agree that within 24 hours of this form being processed, I will check my OnePort account to confirm my schedule.

Student Signature _____ Date _____

(Processed By _____ Date _____)

Rev. 09/10

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