



# Registration Exception

STUDENT NAME: \_\_\_\_\_ TRI-C ID NUMBER: \_\_\_\_\_

**Present this completed form with all appropriate signatures to the Enrollment Center for processing.**

*The form must be submitted no later than 2 business days from the date of approval. Please note, you need Instructor and Associate Dean/Dean approval. You will not be officially registered in the course until this form is submitted, processed, and you have paid for your course(s).*

|                                                                                                     |                                                                                        |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>Section A - Please select one</b>                                                                | <b>Section B - Please select one</b>                                                   |
| <input type="checkbox"/> <b>Late Registration</b> <input type="checkbox"/> <b>DNP Reinstatement</b> | <input type="checkbox"/> <b>Intra-Departmental Transfer<br/>(Like-for-Like Course)</b> |

## Section A: Late Registration, DNP Reinstatement and NA Grade Reinstatement

1. \_\_\_\_\_  
 CRN                      Subject Code                      Course No.                      Course Title

\_\_\_\_\_  
 Instructor - Print name                      Instructor - Signature                      Date

Instructor's email approval attached

2. \_\_\_\_\_  
 CRN                      Subject Code                      Course No.                      Course Title

\_\_\_\_\_  
 Instructor - Print name                      Instructor - Signature                      Date

Instructor's email approval attached

3. \_\_\_\_\_  
 CRN                      Subject Code                      Course No.                      Course Title

\_\_\_\_\_  
 Instructor - Print name                      Instructor - Signature                      Date

Instructor's email approval attached

### Instructors Please Note:

- Students who have **not materially participated during the first week of class should not be permitted to re-enroll.** (Late registrations would be enrolling for the first time; DNP and NA would be re-enrolling.)
- Faculty, by signing this form, you are confirming the student's previous attendance/participation in class and a willingness to increase course capacity, if needed.
- Students who are approved for late registration or reinstatement must be reported in Attendance Tracker once the students have been added to the roster. Failure to record attendance for these students will cause the student's financial aid to be delayed.

Instructor list dates attended: \_\_\_\_\_

**Section B: Intra-Department Transfer (Like-for-Like Course)**

**TRANSFER FROM:**

**TRANSFER TO:**

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>CRN _____ Subject Code _____ Course Number _____</p> <p>Course Title _____</p> <p>Lab CRN (for courses with linked lab) _____ TERM (full, 14 wks, 1<sup>st</sup> or 2<sup>nd</sup> 8 weeks) _____</p> <p>Instructor – Print name _____</p> <p>Instructor – Signature _____ Date _____</p> | <p>CRN _____ Subject Code _____ Course Number _____</p> <p>Course Title _____</p> <p>Lab CRN (for courses with linked lab) _____ TERM (full, 14 wks, 1<sup>st</sup> or 2<sup>nd</sup> 8 weeks) _____</p> <p>Instructor – Print name _____</p> <p>Instructor – Signature _____ Date _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Reason for Transfer:**

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*I authorize this student to enter the class(es) indicated on this form.*

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
|-----------------------------------|---------------------------------------|

Associate Dean/Dean - Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

**If not approved, reason:**

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**ENROLLMENT CENTER PROCESSING:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_