

GRAMBLING STATE UNIVERSITY
REGISTRAR’S OFFICE
REQUEST TO REGISTER LATE

Any student seeking to re-register after the official last day to register must complete and submit this appeal form for each course to be reinstated and pay fees within 48 business hours. Incomplete appeals will not be considered. Submission of this appeal is no guarantee that approval will be granted. The instructor of record must confirm that you were actively participating in the course prior to being purged from the system due to delay in payment of fees or provide written justification requested the course to be added.

Name: _____GSU Student ID_____

Phone: _____Level_____

Major: _____Classification: _____

Email Address_____Year and Semester of Request_____

I was enrolled in_____ credit hours before my classes were dropped. I understand that I will submit one form for each course to be reinstated and obtain the required signatures.

(Signature of Student/Date)

<i>CRN</i>	<i>COURSE SUBJ/COURSE NO. (ACCT 201)</i>	<i>COURSE TITLE</i>	<i>CREDIT HOURS</i>	<i>DATE</i>

Student Responsibility: To re-enroll in a course that has already started, students must obtain signatures and confirmation from each faculty member for each course for approval in which a student has been actively participating.

Instructor of Record Responsibility: Each instructor of record must confirm that the student has been participating in the course prior to the purge or justify why the course is being requested to be added.

I _____confirm as of _____that this student has_____
(Instructor of Record Signature) (Date)
or has not_____ been attending the above mentioned course for the _____ (Year and Semester, ex. 2022 Spring)

If the student has not been attending class, please provide a written justification why this course is being requested to be added after the last day to add courses.

By signing this form, I accept all financial obligations incurred as a result of this late registration appeal. I understand that I am responsible for any remaining balance due.

Student Signature /Date

Academic Advisor’s Signature//Date

Academic Dean/Date

To Be Completed by Office of the Registrar

Processed By _____
Staff Name Date

Approved_____ Denied_____

For DocuSign Purposes:

The student will execute form.

Please include the following link for Students to obtain the contact information for academic advisor

<https://www.gram.edu/news/index.php/university-contacts/>

Form is forwarded to the Instructor of Record, Academic Advisor and Academic Dean for signatures.

Completed Form is copied to jenkinsp@gram.edu, student, instructor of record, academic advisor and dean.