

Office of Records and Registration Eastern Michigan University 304 Pierce Hall • Ypsilanti, MI 48197 Phone: (734) 487-4111 • Fax: (734) 487-6808 registrar@emich.edu

Late Registration Appeal

The required information is necessary for the continuous legitimate business and educational operation of Eastern Michigan University. It is, and will be, maintained in compliance with applicable US law, educational accrediting body requirements, and institutional policies and procedures. Questions or concerns may be directed to the Office of Records and Registration at registrar@emich.edu.

SECTION I: To be completed by student Name: Email address: Phone number: Semester and year of request: Fall _____ Winter ____ Summer ____ Course information: ____ ___ Subject/Course #_____ Instructor Name_____ Please include an explanation of why you were unable to register during the standard registration period: Student Signature: _____ Date: _____ It is the responsibility of the student to read the following: A late add fee per class will be assessed on all approved appeals. If you have not previously registered for at least one class, an additional late registration fee will also be assessed for the semester. Please visit www.emich.edu/sbs for current fee schedule. Late registration appeals will be not approved if a registration hold (financial or otherwise) exists on the student's record. Appeal forms will not be accepted once final examinations for the course or semester begin, whichever is first. Undergraduate seniors wishing to enroll in 500-level graduate courses must have completed a minimum of 85 credit hours and have an EMU GPA of at least 2.7. Under no circumstances will appeals be accepted/processed for undergraduate students in graduate courses at the 600-level or above. SECTION II: To be completed by Academic Department Approval of the late registration by the instructor, department head/school director and college dean also constitutes approval for waiving course/section prerequisites, co-requisites and restrictions. **Instructor**: I do I do not support this appeal. Department Head/School Director: I do ___ I do not ___ support this appeal. Signature: _____ Date: ____ **Dean:** I do I do not support this appeal. Date: Signature: SECTION III: To be completed by the Registrar's Office Request is (check one): ____ Approved _____ Denied Reason for denial:_____ Staff Signature: Date: