LATE COURSE REGISTRATION
Registrar’s Office, Davidson Hall, Room 116
Phone (860) 832-2236, Fax (860) 832-2250

Name: ________________________________ Student ID#: ____________________ Term / Year: ____________

NEW STUDENTS ONLY:
Street Address: __________________________________________________ Apartment #: ____________
City: ____________________________ State: ________________ Zip Code: ________________
Home Phone: ____________ Cellular Phone: ____________ Email: _________________________
Date of Birth: ________________ Social Security Number (optional): ________________

SEX: □ Male US CITIZEN : □ Y STATUS: □ Graduate (previously obtained a Bachelor’s Degree or higher)
□ Female □ N □ Undergraduate

Are you or have you been a member of the U.S. Military? □ Y □ N

RACE: THIS INFORMATION IS REQUESTED FOR STATISTICAL PURPOSES ONLY; RESPONSE IS OPTIONAL.
What is your ethnicity? (check one) □ Hispanic or Latino □ Not Hispanic or Latino
What is your race? (mark one or more races to indicate what you consider yourself to be)
□ American Indian or Alaskan Native □ Asian □ Black or African American
□ Native Hawaiian or Other Pacific Islander □ White

COURSE INFORMATION

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I understand that registering for classes at Central Connecticut State University generates charges that I am legally obligated to pay in accordance with University payment deadlines and/or formal withdrawal policies. I also understand that any unpaid financial obligation may be referred to the University's contracted collection agency and that I will be responsible for any related collection costs in addition to the amount due.

STUDENT’S SIGNATURE: _____________________________________________DATE: ______________________

REQUIRED SIGNATURES:

Course Instructor: _______________________________________________ Recommend Approval
Name ____________________________ Signature and Date ____________________________ Approval Not Recommended

Chair of Department offering course or Chair's official designee*: ____________________________
Name ____________________________ Signature and Date ____________________________

*Any prerequisites or other course restrictions, including capacity, are waived for this student to allow for late registration unless otherwise noted by the Department Chair in the space below.

Rev. 3/15