Central Connecticut State University
Office of the Registrar

LATE COURSE REGISTRATION

Name: ___________________________ Student ID#: ___________________________ Term / Year: __________

Street Address: ________________________________________________________________

City: ___________________________ State: ___________ Zip Code: __________________

Home Phone: ______________________ Cellular Phone: ______________________ Email: __________________

Date of Birth: ____________________ Social Security Number (optional): __________________

NEW STUDENTS ONLY

SEX: [ ] Male [ ] Female

US CITIZEN: [ ] Y [ ] N

STATUS: [ ] Graduate [ ] 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

<table>
<thead>
<tr>
<th>CRN</th>
<th>Department &amp; Course Number</th>
<th>Section/Session</th>
<th>Title</th>
<th>Credits</th>
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<tbody>
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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 to the University.

STUDENT’S SIGNATURE: ___________________________ DATE: ___________________________

REQUIRED SIGNATURES:

Course Instructor: ___________________________ Signature and Date: _______________________ Recommend Approval: [ ]

[ ] Approval Not Recommended

Chair of Department offering course: ___________________________ Signature and Date: ___________________

By checking the approval box above, I approve a waiver of prerequisites or other course restrictions, including capacity, for this student to allow for late registration.

Please complete this form and return to the Office of the Registrar for approval.
Willard-DiLoreto Room D202, 1615 Stanley Street, New Britain, CT 06050
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu

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