

On Time Registration Request for Exception



Your chosen course must not yet have met.

The first meeting of an online course is considered to be 5:00 p.m. on the first day of instruction for a session

STUDENT INFORMATION

Last Name:		First Name:	
Student ID#:		Email:	
Phone Number:		Alt Phone Number:	

COURSES REQUESTED

1. Course:		Section:		2. Course:		Section:	
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Example: XXX-000

3. Course:		Section:		4. Course:		Section:	
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REASON FOR REQUEST (check one of the following)

- Account Hold
 Class Cancelled
 Drop from UIUC
 Dropped for Non Payment
 Financial Aid
 Graduation Requirement
 Late Registration
 Per Department
 Schedule Conflict
 Student Error
 Other (please state reason) _____

PAYMENT INFORMATION

- _____ I will use personal funds to pay for tuition/fees.
 _____ I will sign up for a **Nelnet** deferred payment plan to pay for tuition/fees.
 _____ I will use financial aid to pay for tuition/fees. _____ FA initials

By registering for classes at Parkland College, I assume financial responsibility for all charges billed to my student account. To avoid financial responsibility, if I decide not to attend, I must officially drop classes within the stated refund period. I understand classes are not automatically dropped for non-payment or non-attendance. I accept financial responsibility. I further understand that all decisions are final.

Student Signature: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

<u>COUNSELING INFO</u>	Counselor initials _____	Holds Cleared: _____	
	Date: _____ Time: _____	Initials	Date
Pre-Reqs met:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seats available: 1. _____ / _____	2. _____ / _____	3. _____ / _____	4. _____ / _____
	Course Seats	Course Seats	Course Seats
Class has met:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES: _____

Semester:	2018FA	<input type="checkbox"/> Granted:	<input type="checkbox"/> Denied:
<input type="checkbox"/> STRK/RGN	Entered by:		Date:
Deans Signature:		OK to Overload:	Date:
<input type="checkbox"/> NO PROCESSING NEEDED			