

## 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#:		<input type="checkbox"/> UIUC Student	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:	2019SP	<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			