PETITION TO LATE-ADD A COURSE



Phone: 502.272.8133

Student's Name:				ID#:	
Anticipated Graduation Date	:	Semes	ter/Year:		
Academic Program/Major:			Minor:	Minor:	
Course Subject and Number	Section	Credits	Course Title	Instructor's First and Last Name	
1. Published deadline date	for adding th	is course:			
2. Date you are requesting	to add the co	urse:			
3. Reason you are requestir	ng to add the	course:			
4. Reason(s) for missing the	e published d	eadline:			
Student's Signature:			D	Date:	
	on prior to su	bmission. Signa	ontact the Office of Student According tures of the parties below indica gistrar's Office.		
Required Signatures of App Course Instructor's Signature			D	ate:	
Dept. Chair (for the course) Signature:				ate:	
Why do you support this pet	ition?				
Academic Dean (for the cour	rse) Signature	2:	D	ate:	

Submit completed and signed form to: