



**WESTERN MICHIGAN UNIVERSITY**

Office of the Registrar

1903 W. Michigan Avenue

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(269) 387-4300

[www.wmich.edu/registrar](http://www.wmich.edu/registrar)

# Permission to Late Add a Course

*Please print clearly*

Student Name (Last):	(First):	(M.I.):	Birth Date:	WIN:	
Which semester/session are you requesting to add:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer I	<input type="checkbox"/> Summer II	Year:

CRN	Department	Course Number	Credit Hours	Credit Options
				<input type="checkbox"/> Letter Grade <input type="checkbox"/> Credit/No Credit <input type="checkbox"/> Audit

*Comments:*

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☐ I have read and agree to the financial responsibility statement at [wmich.edu/accounts-receivable/students/financialresponsibilityagreement](http://wmich.edu/accounts-receivable/students/financialresponsibilityagreement).

I understand that:

I am responsible for any late fees incurred.

I am responsible for obtaining the work missed in class sessions not attended.

Instructors are not obligated to update students adding a course beyond the first meeting of class.

I am responsible for payment of the course. No additional financial aid or scholarships will be added to my account.

*Signatures (must be handwritten unless other accommodations have been made):*

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to the Registrar's Office for processing  
at [registrar-info@wmich.edu](mailto:registrar-info@wmich.edu).