



SEATTLE UNIVERSITY

OFFICE OF THE REGISTRAR

901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
E-mail: registrar@seattleu.edu

REGISTRATION CHANGE PETITION TO THE DEAN

CHECK ONE:

- CREDIT OVERLOAD RMDRGV_C
- CHANGE OF GRADING OPTION RMDRGO_C
- LATE ADD - \$50 fee per course RMDRGA_C
- TIME CONFLICT RMDRGT_C

~ Print in Ink ~

INSTRUCTIONS TO STUDENT:

- Provide all of the information requested and obtain all required signatures, then present this form to the Dean's Office of your school/college.
- You must take care of any financial holds with Student Financial Services before this form can be processed.
- **Only the Dean's staff can submit this form to the Office of the Registrar.**

Student ID Number _____ Phone Number (_____) _____
Area Code

Student Legal Name _____ SU E-mail _____@seattleu.edu
Last First Middle

Class Level: FR SO JR SR GR Post-Bacc Non-Matric

College or School of major: ASC BUE EDU MRC NCS NUR SCE STM NCS Major or Program _____

Registration Term/Year: Fall _____ Winter _____ Spring _____ Summer _____
Year Year Year Year

▶ Student Signature _____ Date _____

CREDIT OVERLOAD or LATE ADD* (If the grading option is other than a letter grade, complete the *Change of Grading Option* section below.)

- Check here if your late add is a request to change your registration between sections of the same course (*For example, exchanging UCOR 1100-01 for UCOR 1100-03*)
- Check here if your late add is a request to change the credit amount for a variable credit course

COURSE(S) TO ADD:

1. _____	_____	_____	▶ _____	_____	_____	_____
Subject & Course # (e.g., UCOR 1100)	Section # (e.g., 01)	Course Title	Instructor Signature, late add only	Credits	Date of signature	First date of attendance
2. _____	_____	_____	▶ _____	_____	_____	_____
Subject & Course # (e.g., UCOR 1100)	Section # (e.g., 01)	Course Title	Instructor Signature, late add only	Credits	Date of signature	First date of attendance

* *Late Adds for regularly scheduled courses are due to your Dean's Office within 10 business days after the start date of the quarter.*

APPROVAL FOR CREDIT OVERLOAD FOR THE ABOVE COURSE(S) if applicable

SU Completed Credits _____ GPA _____
Total Number Authorized Credits _____

▶ Advisor Signature _____ Date _____

CHANGE OF GRADING OPTION

Grading Options: L=Letter A=Audit P/F=Pass/Fail CR/F=Credit/Fail (graduate students only)

1. _____	_____	_____	_____	_____
Subject & Course # (e.g., UCOR 1100)	Section # (e.g., 01)	Course Title	Credits	Grading Option
2. _____	_____	_____	_____	_____
Subject & Course # (e.g., UCOR 1100)	Section # (e.g., 01)	Course Title	Credits	Grading Option

TIME CONFLICT

Course attending full-time:

Subject & Course # (e.g., UCOR 1100) Section # (e.g., 01) Course Title Meeting Days/Times ▶ Instructor Signature -- if also accommodating

Course accommodating missing time: Days/Minutes of overlap: Total Days _____ Total minutes _____

Subject & Course # (e.g., UCOR 1100) Section # (e.g., 01) Course Title Meeting Days/Times ▶ Instructor Signature -- if also accommodating

Describe how student will fulfill the missing time and requirements:

▶ Dean or Assoc Dean Signature _____ Date _____

REGISTRAR'S OFFICE USE ONLY

Processed by: _____
Date: _____