REGISTRATION CHANGE PETITION TO THE DEAN

CHECK ONE:
- CREDIT OVERLOAD RMDRGT_C
- CHANGE OF GRADING OPTION RMDRGO_C
- LATE ADD - $50 fee per course RMDRGA_C
- TIME CONFLICT RMDRGT_C

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 ___________________________
Student Legal Name _____________________________________________________________ SU Email __________________________@seattleu.edu

Area Code
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 _____

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 ___________

Describe how student will fulfill the missing time and requirements:

Dean or Assoc Dean Signature ___________________________ Date ________________

Registrar's Office Use Only
Processed by: ___________________________ Date: ________________