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.

Seattle U ID: ___________________________ Phone Number (_____) ___________ Area Code

Student Legal Name: ___________________________ SU E-mail __________________@seattleu.edu

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 ___________

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: ___________________________