I. Review the Following Policy Information Prior to Completing this Form

- University of Cincinnati expects students to plan both their academic careers and financial arrangements such that they are able to register **prior** to the beginning of the term and pay for all classes in accordance with University deadlines. The Late Registration Appeals Committee will approve a late registration request **only** in those cases with extreme mitigating circumstances.

- **Students who attend classes for which they are not enrolled do so at their own risk.** Class attendance without enrollment is not adequate justification for approving an appeal and therefore class attendance **will not** be considered a factor by the Late Registration Appeals Committee.

- The student’s financial aid and payment history **will** be a factor in Late Registration Appeals Committee deliberations. A history of late payments, unpaid tuition and fee balances, registration blocks for non-payment, referrals to the Collections Office, and/or a failure to meet related procedural deadlines **will weigh against** the student’s appeal.

- This form **must** be accompanied by a fully-completed “Registration” form, signed by **both** the instructor and the college, for **each** class in which you seek enrollment.

- If the student’s late registration is approved, full tuition payment for all classes must be submitted immediately, **plus a $150 late registration fee.**

- **Late Registration Appeals Committee decisions are final.** An additional level of appeal is **not** available.

II. Complete All Items Below

First Name: ______________________  Last Name: ______________________

UCID: __________________________  Home College: ______________________

E-mail Address: __________________  Telephone #: ______________________

Term & Year that You Seek Enrollment: □ Autumn: _____ □ Spring: _____ □ Summer: _____

III. Describe in detail the extenuating circumstances supporting your appeal.

You may attach up to two (2) additional pages to this sheet.

____________________________________

____________________________________

____________________________________

IV. If my appeal is approved, I will pay my entire student account balance with the following:

□ Check  □ Credit Card  □ Financial Aid  □ Employer  □ Other: ______________________

I hereby affirm that I understand and acknowledge the policy information provided at the top of this form. I also affirm that to the best of my knowledge all details and documents I have submitted in support of my appeal are complete and accurate.

Student’s Signature: ______________________  Date: ______________________

Return this form, and ALL supporting documentation to
One Stop Student Services Center, University Pavilion 2nd Floor

□ Approved  □ Denied  Comments: ______________________

Certifying Official: ______________________  Date: ______________________

Department of Enrollment Management  REV 1/19/12