

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: _____ Winter: _____ 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: _____