New Mexico State University
Request for Retroactive Registration Changes

Name: ___________________________  ID #: ___________________________
Address: ___________________________
College: ___________________________
Receiving Veteran’s benefits? ____Yes ____No
Receiving Financial Aid? ____Yes ____No
Semester: ________ Year: _________  Course: __________ Section: _______

Retroactive Date for Change Being Requested: ____________________________

<table>
<thead>
<tr>
<th>Requesting:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>an exception to the published last day to ADD a course</td>
</tr>
<tr>
<td>______</td>
<td>an exception to the published last day to CHANGE SECTIONS</td>
</tr>
<tr>
<td>______</td>
<td>an exception to the published last day to change GRADING OPTION</td>
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<tr>
<td>______</td>
<td>an exception to the published last day to DROP a course</td>
</tr>
<tr>
<td>______</td>
<td>an exception to the published last day to WITHDRAW from a COURSE</td>
</tr>
<tr>
<td>______</td>
<td>an exception to the published last day to WITHDRAW from the UNIVERSITY</td>
</tr>
</tbody>
</table>

Please give a detailed explanation for requesting an exception. *Include pertinent information including attendance data, progress made in the course, and any extenuating circumstances which should be considered. Include with this request supporting materials such as doctor's notes or letters from instructors. Continue to attend class until you are notified of the Dean's decision.*

__________________________
__________________________
__________________________

Instructor: ______Approve ____Disapprove  Signature: ___________________________ Date: _________
comments: ___________________________________________________________________

Advisor: ______Approve ____Disapprove  Signature: ___________________________ Date: _________
comments: ___________________________________________________________________

Dean: ______Approve ____Disapprove  Signature: ___________________________ Date: _________
comments: ___________________________________________________________________

Please return form with all required signatures to the Office of the Registrar.

(Updated 5/08)