

# New Mexico State University

## Request for Retroactive Registration Changes

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Receiving Veteran's benefits? \_\_\_Yes \_\_\_No Receiving Financial Aid? \_\_\_Yes \_\_\_No

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Course: \_\_\_\_\_ Section: \_\_\_\_\_

**Retroactive Date for Change Being Requested:** \_\_\_\_\_

- |                   |  |
|-------------------|--|
| Requesting: _____ | an exception to the published last day to ADD a course                 |
| _____             | an exception to the published last day to CHANGE SECTIONS              |
| _____             | an exception to the published last day to change GRADING OPTION        |
| _____             | an exception to the published last day to DROP a course                |
| _____             | an exception to the published last day to WITHDRAW from a COURSE       |
| _____             | an exception to the published last day to WITHDRAW from the UNIVERSITY |

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.