



WESTERN MICHIGAN UNIVERSITY

Permission to Late Add a Course

Please print clearly:

Last Name First Name MI

Western Identification Number (WIN) Birthday (mm/dd/yyyy)

Which semester/session are you requesting to add?

Fall Spring Summer I Summer II Year: _____

CRN	Department	Course Number	Credit Hours	Credit Options
				<input type="checkbox"/> Letter Grade <input type="checkbox"/> Credit/No Credit <input type="checkbox"/> Audit

Comments:

I understand that I am responsible for obtaining the work missed in class sessions not attended. Instructors are not obligated to update students adding a course beyond the first meeting of class.

I understand that I am responsible for any late fees incurred.

Signatures:

Student: _____ Date: _____

Instructor: _____ Date: _____

Department Chair: _____ Date: _____