**PETITION FOR LATE ADD**

**DEADLINES FOR 2015-2016**

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Term 2015</td>
<td>December 14</td>
</tr>
<tr>
<td>Winter Term 2016</td>
<td>April 18</td>
</tr>
<tr>
<td>Spring Term 2016</td>
<td>June 20</td>
</tr>
<tr>
<td>Summer Term 2016</td>
<td>August 16</td>
</tr>
<tr>
<td>Spring/Summer 2015</td>
<td>August 16</td>
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</tbody>
</table>

**TERM ________________________**

This form is to be used if you are seeking to **add** a course **after** the 9th week of the full term or four and a half week of a half term, which is FALL TERM 2014: NOVEMBER 13; WINTER TERM 2015: MARCH 18; SPRING TERM 2015: JUNE 3; SPRING/SUMMER 2015: JULY 8; SUMMER TERM 2015: JULY 29. The request must be submitted and approved by representatives of the Academic Standards Board.

- **DO NOT** fill out this form if you are a GRADUATE STUDENT or RC or Honors, even if the class you want to add is in LSA. Instead, contact the advising center of your program and ask them about their ADD policy.
- **DO NOT** fill out this form if you are enrolled in any other College, even if the class you want to add is in LSA. Instead, contact the advising center of your school or program and ask them about their ADD policy.
- **DO NOT** fill out this form if you are a mainstream LSA student and are not currently registered for ANY classes. Instead, please ask the front desk staff in the Newnan LSA Academic Advising Center about the procedures for a LATE TERM REGISTRATION.

**INSTRUCTIONS:** Complete the **front and back** of this form and the attached drop/add sheet.

Return the **completed** forms to the Newnan LSA Academic Advising Center, 1255 Angell Hall.

Printed Name__________________________________________ ID#________________________________________

Uniqname (e-mail)________________________________________ Phone_______________________________

Course you wish to add ________________________/______________________/________/_______/________/_______

<table>
<thead>
<tr>
<th>Class #</th>
<th>Subject</th>
<th>Catalog #</th>
<th>Section #</th>
<th>Section #</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(e.g. 12345)</td>
<td>(e.g. English)</td>
<td>(e.g. 125)</td>
<td>(e.g. 003)</td>
<td>(e.g. 014)</td>
</tr>
</tbody>
</table>

YOU **MUST** HAVE AN OVERRIDE TO ADD A COURSE LATE

- Do you have an electronic override? □ Yes □ No

You **must** have an electronic override whether the course is opened or closed.

Any paper permissions for overrides must be taken to the course departmental office.

**WHAT WILL YOUR CURRENT SCHEDULE BE AFTER THIS CHANGE?**

<table>
<thead>
<tr>
<th>Course (e.g. English 125)</th>
<th>Credit Hours</th>
<th>Course (e.g. English 125)</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
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Total Credits Hours: ____________
WHY ARE YOU ADDING THIS COURSE LATE?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

I have read the above statements and assume full responsibility for whatever effect this change of academic course work may have upon my future program of studies and fees.

___________________________________________________________
Student's Signature  (Date)

TO THE INSTRUCTOR

Since the student is requesting a late add of your course near the end of the term, we need your response to the following questions:

• How long has the student been attending the class?

• In your opinion can the student successfully complete the course requirements in the time remaining?

• If this is an independent study course
  ♦When did the work begin?
  ♦What will the student do for the amount of credits requested?

INSTRUCTOR/ GSI

___________________________________________________________  E-mail: ____________________  Phone: _____________
(please print name)

___________________________________________________________  Date: _________________________________
(signature)

FOR OFFICE USE

Date received

Approved for Processing