# Late Registration Form

This form may be submitted to the Registrar’s Office during the schedule adjustment period.

**TERM:**  
- FALL □  
- N-D Block □  
- WINTER □  
- SPRING □  
- J-A Block □  
- YEAR: ___________

**NAME:** ___________________________________________  
**PHONE:** (__________)__________________  
**STUDENT ID:** A00000

First (legal)  
Middle  
Last (legal)

<table>
<thead>
<tr>
<th>COURSE PREFIX</th>
<th>COURSE NO.</th>
<th>SECT NO.</th>
<th>CRS</th>
<th>COURSE TITLE</th>
<th>INSTRUCTOR SIGNATURE</th>
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**TOTAL CRS.**

I, the student, accept responsibility for enrolling in courses (and completing course pre-requisites) for meeting degree requirements as outlined in the curriculum catalog in effect upon entrance to Antioch College. I accept responsibility for payment of any charges incurred for registration (including overload and part-time charges).

Student Signature: ____________________________ Date: __________________

Advisor Signature: ____________________________ Date: __________________ Advisor (print): __________________

Registrar’s Office: ____________________________ Entered by ____________________________