

PETITION FOR LATE ENROLLMENT

Please note: The College permits late enrollment only in rare and unusual circumstances.

Do **not** use this form if you are:

- Re-adding classes after you were dropped for non-payment **after the quarter started**
- Using a state-employee or Senior tuition waiver

To Be Completed By Student:

To add a class between the 6th and 10th days of fall, winter, or spring quarter (between the 5th and 8th days in summer), **fill out the student section of this form and submit the form either in person or via your go.shoreline email account to the instructor of the class you wish to add.**

Student Name: _____ Student ID Number: _____

Quarter: _____ Year: _____

Student Email: _____@go.shoreline.edu

Name of Course: _____ Item Number: _____

Instructor's Name: _____

In the space below (or on an attached piece of paper), please explain:

- Why you need to add this course after the first week of the quarter
- What steps you will take to be successful in this course despite missing the first week

You may attach supporting documents to explain why you are adding a class late.

Student Signature _____ Date _____

If your instructor gives initial approval, please consult with them about attending class while a final decision is pending.

PROCESS FOR COMPLETING AND SUBMITTING THIS TWO-PAGE FORM								
Student completes student section (first page)	Student submits form to instructor →	Instructor completes instructor section (second page)	Instructor submits form to dean →	Dean completes dean section (second page)	Dean submits form to Enrollment Services →	Enrollment Services receives form	→	Enrollment Services notifies student

CONTINUE TO SECOND PAGE

To Be Completed By Instructor:

- If you approve the petition, please **forward it to your dean** for final approval/denial.
- If you deny the petition, inform the student and forward the petition to the dean to keep on file.

Decision: Approved _____ **Denied** _____

Has student been attending your class? Yes _____ No _____

When did the student begin attending? _____

If approved, describe a plan for the student's success. If denied, provide a rationale to the student.

Instructor's Signature: _____ Date: _____

To Be Completed By Dean:

Decision: Approved _____ **Denied** _____

Comments/Action:

Dean's Signature: _____ Date: _____

- Please forward completed form to Enrollment Services (ES) at sccadmis@shoreline.edu as soon as possible.
- If denied, please notify the instructor and student before forwarding to ES.

FOR ENROLLMENT SERVICES USE ONLY:

If approved by faculty and dean, update student's enrollment and notify student by email, courtesy copying instructor and dean. For international students, please email ieadvisors@shoreline.edu to change registration.

Completed by (ES staff signature): _____ Date: _____