

**Office of the Registrar
Appeal for Late Registration
(Add/Drop/Withdraw/Medical)**

- Complete and submit this form to the Registration Help Center: in person, via fax at (507)389-5719 or scan and e-mail to registration@mnsu.edu. Mailing address: 132 Wigley Adm Center, Mankato, MN 56001
- If approved by the Office of the Registrar, and you have no holds on your account, we will make the requested changes to your class schedule and notify you via e-mail. Please check your registration on E-services to confirm the changes are correct.
- *All registration and financial obligations must be met.* There may be additional tuition/fees for late registration changes.

Registration Questions: Registration Help Center at (507)389-2252 or registration@mnsu.edu

Official withdrawals/billing/financial aid information: Campus Hub at (507)389-1866 or campushub@mnsu.edu

Fall 20 _____ Spring 20 _____ Summer 20 _____

Name _____ (Undergrad/Grad. Student) Tech ID _____

Email _____ Phone _____

Are you an international student? _____ Are you a student athlete? _____ Do you receive Veteran's benefits? _____

Add course(s) after deadline: Need *electronic* permission from instructor via E-Services.

Course ID	Dept	Course/Sec #	Credits	Grading Method	Course Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Drop/Withdraw after the deadline: Need brief statement of support from instructor on Dept. Letterhead

Medical withdrawal: Need medical verification form http://www.mnsu.edu/registrar/forms/medical_verif.pdf

Course ID	Dept	Course/Sec #	Credits	Grading Method	Course Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Explain why you need to change your registration after the published deadline: _____

Student Signature _____ Date _____

For office use only: Permission Verified _____	Date _____	Initials _____
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Approved _____ Denied _____ SFS _____ (if applicable)

Comments _____

Office of the Registrar Signature _____ Date _____