

Term (circle one)

**Applicant Signature** 

UNCP ID	8	4	0			

Student Information							
Last Name		First Name		Middle Initial(s)	Suffix (Jr., II, etc.)		
Home Phone	Cell Phone		Email	@bi	avemail.uncp.edu		

Fax: 910-521-6328

## **Instructions for Late Add**

This form is used to add courses AFTER ONLINE REGISTRATION HAS CLOSED

Fall

Both signatures of the **course instructor** and **student's advisor** are required for all late adds.

**Late Add Information** 

**Spring** 

**Date** 

Summer

Course Type ( circle one)	Full Term	1 <sup>st</sup> 8 Week	2 <sup>nd</sup> 8 Week				
Subject Code	Course #	Section #	CRN # (5 digit number)				
Title of Course		1	1				
Signatures Required							
Advisor's Name	Advisor's Sign	Date					
Instructor's Name	Instructor's Sig	Date					

<sup>\*</sup>This publication is available in alternative formats upon request. Please contact Disability Support Services, DF Lowry Building, 521-6695.