

Fax: 910-521-6328

UNCP ID	8	4	0														
	Student Information Last Name Middle Suffix																
Last Name							Fir	rst Name					ddle Suffix (Jr., II, etc.)				
Home Phone		Cell Phone						Email @bravemail.uncp.edu									
Instructions for Late Add																	
 This form is used to add courses <u>AFTER ONLINE REGISTRATION HAS CLOSED</u> Both signatures of the <u>course instructor</u> and <u>student's advisor</u> are required for all late adds. 																	
Late Add Information																	
Term (d		Fall						Spring				Summer					
Course Type (circle one)					Full Term						1 st 8 Week			2 nd 8 Week			
Subject Code					Course #						Section # CRN			CRN # (5 d	# (5 digit number)		
Title of Course																	
Signatures Required																	
Advisor's Name		Advisor's Signature						•				Date					
Instructor's Nar		Instructor's Signat						ure				Date					
Applicant S	iana	•									Date						

^{*}This publication is available in alternative formats upon request. Please contact Disability Support Services, DF Lowry Building, 521-6695.