

GRADUATE STUDENT Late Registration Request

Student Information:														
Last Name:									First Name					
Student #:	Α								Telephone:					
Email:									Program:					
 Complete the "Student Information" and "Course Information" sections of this form. Take this form to your professor for signature and please also have your Professor email fgsr@smu.ca, from their SMU email account, granting you authorization to enroll in this course. Then take the signed form to the Faculty of Graduate Studies & Research (FGSR) Office for authorization. Bring completed and signed form to the Service Centre, McNally Main 108 to be added to the system Note: Form must be returned within one business day of being signed by FGSR. Completing this form does not automatically grant you permission to register late. 														
Course Information:														
Course Number:									CRN:					
Course Name:									Term:					
Reason for Request:														
Student's Signatu	re:								Date:					
Instructor Authorization:														
I give permission for this student to register in the course listed above after the registration deadline.														
Instructor:														
Signature:									Date:		7	Γime:		
Comments:														
Faculty of Graduate Studies & Research Authorization:														
I give permission for this student to register in the course listed above after the registration deadline.														
Representative Name:														
Representative Signature:		ıre:								Stamp:				
Date:						Tin	ne:							
Comments:									I					
Service Centre:														
Date Received:					Data	D	essed				Processed	Dv.		