



**PETITION TO REGISTER AFTER
TENTH (FIFTH IN SUMMER) DAY
DEADLINE**

Office of Admissions and Records
(MC 018)
University of Illinois at Chicago
Box 5220
Chicago, Illinois 60680

Please print.

Name _____
(Last) (First) (MI)

UIN
(____)____ - _____
Phone Number

Street Address City State Zip

Term College Level

ENROLLMENT STATUS: CONT BEG FRESH TRANS READ GRAD

I wish to register after the deadline because:

IMPORTANT INFORMATION – *CampusCare* Student Health Benefit Program: Students who register late and who have not previously waived out of the program will be assessed the full Student Health Insurance Fee. Students who register after the *CampusCare* enrollment period will **NOT** have an opportunity to waive coverage or make other enrollment choices. The effective date of coverage is the date on which the late registration is processed in the student record system. For additional information, see the *CampusCare* website at <http://www.uic.edu/hsc/campuscare/chicago/> or consult the UIC *Schedule of Classes*.

If this petition is granted, I agree to:

1. Complete this form with all appropriate signatures and return it to the Office of Registration and Records by the completion deadline listed above along with authorized add forms.
2. Pay all tuition and fees assessed and billed for this registration including a late fee of \$50.00.

Student's signature Date Registration Officer

Required Authorizations:

____ Approve ____ Deny _____
International Services (F-1 and J-1 students only) Date

____ Approve ____ Deny _____
Director of Graduate Studies (graduate students only) Date

____ Approve ____ Deny _____
College Dean (all students) Date

- Please indicate student's last term of enrollment: _____

- Does the student need to re-apply? _ Yes _ No