



University of Missouri – St. Louis
Late Registration Request

• This form should be completed only to add courses after being cancelled for non-payment.

Required Information:

DIRECTIONS FOR COMPLETION:
• Provide a full explanation of the circumstances relative to this request. You may write on the back of this form or you may attach a separate sheet.
• Obtain the appropriate signatures from the course Instructor. If applicable, also obtain the signature of the Associate Dean/Dean of your respective Academic Unit as well as the Provost. If Provost approval is needed, deliver the form to the Office of Academic Affairs, 426 Woods Hall. The Provost will review the form and contact you by email/phone after considering your request
• If approved, the completed form must be delivered to the Registrar's Office (269 MSC).
Note: You will be assessed tuition and fees for all the classes you were enrolled in at the time of cancellation. Payment or approved arrangements must be made with Cashier's Office prior to reinstatement. Partial schedule reinstatement will not be accepted and your schedule will be reHelloinstated as it was when cancellation occurred.

Student Name: _____ Student Number _____

Student Email Address: _____

Registration Semester: _____ Fall _____ Spring _____ Summer _____ Year 20_____

Class Number	Department	Catalog Number	Course Title	Credit Hours	Instructor Signature (Required)
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Other Signatures (if applicable):

Associated Dean/Dean Date

Provost/Designee Date