



PETITION FOR LATE ENROLLMENT

Please return form to the Office of the Registrar at Registrars@ben.edu from your BenU email.

PART I COURSE CHANGES

To be completed by the student

Term 20 _____ Fall _____ Spring _____ Summer _____

Name _____ Student ID# _____
(Print) Last First MI

Check here if you are a Student Athlete

Number of credit hours currently enrolled in: _____

COURSES ADDED

CLASS #	SUBJECT	CATALOG # & SECTION	HRS.	COURSE TITLE
i.e. 1249	LITR	150/A	3	Themes in Literature

PART II Approvals/Signatures

Instructor's signature/Date	
Academic Advisor signature/Date	
Department Chair signature/Date	
Athletic Advisor (Athletes only) Signature/Date	
Dean (for after add/drop with form deadline) Signature/Date	

Students are responsible for obtaining all signatures prior to returning to Registrars@ben.edu for processing.

I ACKNOWLEDGE THAT THERE WILL BE A POTENTIAL INCREASE TO THE TOTAL AMOUNT OWED FOR THIS CHANGE IN MY TOTAL TUITION OWED FOR THIS SEMESTER.

Student's Signature

Date

Total Hours after Change

PART III Processing

To be completed by the Office of the Registrar

Date Processed

Processor's Signature