

## HARVARD UNIVERSITY

FAS Registrar's Office Smith Campus Center, Suite 450 1350 Massachusetts Avenue Cambridge, MA 02138 (617) 496-9488 enrollment@fas.harvard.edu

PLEASE CHECK:  Late Check-li	a Lata Danistration		
Fee (\$50)	Late Registration Fee (\$40 per week)	Other	
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You must meet one of the following requirements to be eligible for a waiver. Please check off the			
reason that applies to your situation:			
☐ The University is responsible for the difficulty			
☐ A serious illness of the student (usually including hospitalization)			
☐ Death in the student's immediate family (Handbook for Students)			
*If above reasons do not fit your situation, please explain in "Reason for Petition/Explanation" box below.			
*Please note that late enrollment will make the student liable for disciplinary action, including requirement to withdraw. All late enrollments require the instructor's signature for each course listed. After the fifth Monday of the term, the Allston Burr Assistant Dean's approval is also required.			
Last Name	First Name	Middle Name	
Student ID (HUID)		House	
Student ID (HUID)		House	
Student ID (HUID)  Email Address		House you are checking-in/enrolling	
	Date		
	I		
Email Address	I		
Email Address	I		
Email Address	I		
Email Address  Reason for Petition/Exp	planation	you are checking-in/enrolling	
Email Address  Reason for Petition/Exp	I	you are checking-in/enrolling	
Email Address  Reason for Petition/Exp	planation  n a note explaining why you are checking-in/reg	you are checking-in/enrolling	
Email Address  Reason for Petition/Exp  If you have already writte complete this section. Att	planation  n a note explaining why you are checking-in/reg	you are checking-in/enrolling  gistering late, it is not necessary to this form.	
Email Address  Reason for Petition/Exp  If you have already writte complete this section. Att  Student signature:	planation  n a note explaining why you are checking-in/reg	you are checking-in/enrolling  gistering late, it is not necessary to this form.  Date:	

Office Use Only	
Date Form Received:	Processed Date: