

ENROLLMENT SERVICES/ACADEMIC SUPPORT

Late Registration Management: Fall 2009

Return this form by 5:00 p.m. Wednesday, August 26, 2009.

Forward all requests to Academic Support. Mail: BH-123. Fax#: 57003.

Use this form if you wish to limit registration into your classes August 31 through September 14, 2009 when students are enrolling through MyCSULB.

Provide all the requested information and indicate for each class section whether students will need permission to enroll from the department or from the instructor.

Copy this form as needed.

Class Number	Subject	Catalog Number	Section Number	Check one box per class	
				Dept. Consent	Inst. Consent

Additional Information: _____

Submitted by: _____ Dept.: _____

College Approval: _____ Date: _____

Office Use Only

Data Entry <input type="checkbox"/>	Log <input type="checkbox"/>
By: _____	
Date: _____	