UNIVERSITY of VIRGINIA
COLLEGE OF ARTS & SCIENCES

Last Name	
First Name	
Student ID	9 digits on the back of your UVA ID badge
UVA Email	@virginia.edu
Academic Year	

LATE SCHEDULE CHANGE REQUEST

INSTRUCTIONS

1. **Complete** this form, ensuring that the instructor's information was entered at the beginning of the DocuSign process. If you did not enter the instructor's name and email address when you started this form, please restart the form. Double check that all information provided in this form is correct and that you have completed all necessary fields. Requests with missing or incorrect information will be denied.
2. **Attach** a copy of your most recent unofficial transcript from SIS. UREG provides a guide to download your unofficial transcript:
3. **Attach** any other supporting documentation. These may include copies of correspondence you've had with faculty or your Association Dean, or additional approved forms such as the Credit Hour Overload Request, Reduced Course Load Request, Part-Time Status Request, Time Conflict Override Form, or 6000 Form.
4. **Alert** your instructor after you have completed the DocuSign form so they can be aware they have a pending form waiting for their review.
5. **Wait** for a notification. You will be notified at your UVA email address when a decision has been rendered on your request, regardless of outcome.

DEADLINE

This form should be submitted immediately upon realizing the error in your enrollment. The University Registrar may deny any requested changes that are past the end of the given semester, even if the College approves.

No changes may be made to a student's enrollment record after that student has graduated.

NOTES

- **SIS is the only official record of your enrollments.** You are expected to verify the accuracy of your enrollments in SIS before the College's ADD, DROP, and WITHDRAW deadlines each semester. Access to a course's Collab site or Canvas site is not the same as being enrolled in the course.
- **You are responsible for knowing College policies & deadlines.** These policies and deadlines are publicly available and are enforced for all students.
- **One course per form.** If you are requesting changes to multiple courses, you must submit a separate request for each.
- **There is an enrollment penalty for late schedule changes.** If you are approved for a late schedule change, you will be among the LAST students to enroll in classes for the next Fall or Spring semester (or the following semester, if the request is approved after next semester's enrollment appointments are applied). Make an appointment with your Association Dean to discuss the potential consequences of an enrollment appointment penalty.

ASSOCIATION

Select your Association Dean:

You can find the name of your Association Dean in the UVA eAdvising System:
If your Association Dean is not listed at the top of that page, click on the Advising tab to the left and your Association Dean will be listed. **Selecting the wrong Dean may delay or invalidate your request.**

COURSE INFORMATION

Course information must be complete and correct. Please confirm the details of the specific course section (and any associated lab/discussion section) before submitting.

ONE CLASS PER FORM! FOR ADDITIONAL CLASSES, SUBMIT ANOTHER LATE SCHEDULE CHANGE FORM!

Class # (5 digits)	Subject Area (e.g. BIOL)	Course # (4 digits)	Class Section	Course Title	# of Credits	Grading Option

Does this class have a lab or discussion section?

Class # (5 digits)	Subject Area (e.g. BIOL)	Course # (4 digits)	Class Section	Course Title	# of Credits	Grading Option

Semester: Year:

ACTION INFORMATION

Action Requested:

ADD: student attended the class since the beginning of the semester but does not appear on the SIS roster.

WITHDRAW: student missed both the drop and withdraw deadlines but NEVER ATTENDED the class

OTHER: (state the action briefly; include explanation below) _____

Number of credits you will be enrolled in for the semester, AFTER the above action:

Write a succinct statement explaining why you are requesting this change after the applicable deadline.

There is an enrollment penalty for late schedule changes. If you are approved for a late schedule change, you will be among the LAST students to enroll in classes for the next Fall or Spring semester (or the following semester, if the request is approved after next semester's enrollment appointments are applied). Make an appointment with your Association Dean to discuss the potential consequences of an enrollment appointment penalty.

Your signature below indicates that you have read and understood the application of the enrollment penalty.

    I do not want to make the requested schedule change if the penalty will apply.

    I want to make the requested schedule change even if the penalty will apply.

Student Signature: _____ Date: _____

UPLOAD TRANSCRIPT   UPLOAD OTHER SUPPORTING DOCUMENTS

INSTRUCTOR APPROVAL

For a LATE ADD: Please confirm in the text box below that the student attended the class before the ADD deadline, and that the SIS class capacity and classroom size capacity will accommodate this late add. Students may not add a class that they have never attended after the add deadline.

For a LATE WITHDRAWAL: Please confirm in the text box below that the student was on the class roster, but never attended the course – that is, they did not **ever** attend the class and did not submit any course work.

For OTHER ACTIONS: If the requested action is not a late add or withdrawal, please provide as much information as you can in the textbox below which would justify or explain the given action.

By signing below, you are confirming that you are the instructor for the course indicated in this form and that you recommend this late schedule change request for approval based on the information you provided above.

Instructor's Approval Required: _____ Date: _____

ASSOCIATION DEAN APPROVAL

As this student's Association Dean, please confirm all of the following before approving:

The student has **no holds in SIS** that would prevent the requested action from being processed.

The student is permitted to take the resulting **number of credits**. If a Credit Hour Overload form would be required, I approve it as their Association Dean. If a Reduced Course Load or Part Time form would be required, it has been submitted and approved.

The student meets the **enrollment requirements** for the requested change. If a 6000 form or Time Conflict Override form would be required, it has been submitted and approved.

I have reviewed the **necessary documentation** to justify this late schedule change.

Please provide any additional notes or information that might be relevant to the request.

By signing below, you are recommending this late schedule change request for approval.

Dean's Approval Required: _____ Date: _____

COMMITTEE REVIEW

Committee Decision: **Penalty:**

Decision Notes:

Signature of Committee Chair (or designee): _____ Date: _____

ADMIN PROCESSING

Change Processed

Change Referred to UREG

Change Not Processed

Student Notified

Enrollment Appointment Changed

Admin Initials & Date:

Processing Notes:

Processing Documents: