Enrollment Management & Student Services

Admissions and Records

REQUEST FOR ENTRY TO A CLOSED (FULL) CLASS

Student: Student ID#:		tudent ID#:
Contact# / email:	Semester:	Course/Section:
I desire entry into the above-stated class for registration period to the Admissions & Record		elow. If approved, I must present this form during the his course to my class schedule.
Reason(s): (check all that apply) Prospective graduating senior attempt Attempting to complete course work p Course is only offered once a year. Cannot progress within my academic	rior to student tea	aching.
□ Other:		
× Student's Signature	Date	
-		×
×Course Instructor's Name (Print) / Signature	Date	Course Dean/Admin Chair Name (Print) Date
UNIVERSITY OF GUAM		Enrollment Management & Student Services Admissions and Records
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×		
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×Course Instructor's Name (Print) / Signature		XCourse Dean/Admin Chair Name (Print) Date
Course Instructor's Name (Print) / Signature	Date	Course Dean/Admin Chair Name (Print) Date

Note: if you decide not to attend class(es) and do not officially withdraw from class(es), you are liable for tuition and fees and will be billed accordingly, and will receive an Unofficial Withdrawal (UW) grade, which will affect your gpa.