



SIMMONS UNIVERSITY

Office of the Registrar

300 The Fenway, Boston, MA 02115

Tel 617.521.2111 Fax 617.521.3144

LATE ADD FORM

Student Name: \_\_\_\_\_ Simmons ID#: \_\_\_\_\_

Term and Year: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Undergraduate Student

International Student: Yes No Graduate Student

Courses to be Added

Department	Course #	Section	Credit Hours	Instructor's Signature

No student will be permitted to add a course after the fourth week of classes except under exceptional circumstances granted by the Administrative Board.

I am fully aware of the policies and procedures regarding these course registrations.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Received On:

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_