## **Late Enrollment Form**

First Name:		Last Name:	
Course Enrollment Request:			
Requested Start Date:			
Course Start Date:			
<ol> <li>I am enrolling in this course after the beginning of the course and as such I understand that it is my sole responsibility to collect and make up any missed course material.</li> <li>I understand that I will be held to the same requirements of all students in the class which includes lectures, or practical content that I may have missed.</li> </ol>			
Signature of Student		Date	
Instructor Permission			
I, (Name of Instructor) give (Name of Student)			
permission to enroll late in (Name	of Course)		
Signature of Instructor		Date	
OCTCM Use Only:			
Date Received: (yyyy/mm/dd)	Staff Signature:		