



Petition for Retroactive Registration Change

Student Information		
Aggie ID Number:	Last Name, First Name, Middle Initial:	
Semester/Year	Fall 20 _____	Spring 20 _____ Summer 20 _____
Current Street Address:		City, State, Zip Code
Telephone Number:	NMSU Email Address:	College/ and Major:

Retroactive Request Information	
Requesting:	to ADD a course after the published deadline date
	to CHANGE SECTIONS after the published deadline date
	to change GRADING MODE after the published deadline date
	to DROP a course, without a "W", after the published deadline date (Drop a Course)
	to DROP ALL courses, without a "W", after the published deadline date (Cancel Registration Cancellation)
	to WITHDRAW from a SINGLE course, with a "W", after the published deadline date (Withdraw from a Course)
	to WITHDRAW from the ALL courses, with a "W", after the published deadline date (Withdraw from University/College)

Provide a full and complete explanation of the extenuating circumstances that prevented you from making the registration changes you are petitioning for by the published deadline.

Financial information concerning drops and withdrawals can be found at <http://uar.nmsu.edu/withdrawals/>. Financial Aid/Scholarship Recipients are encouraged to contact [University Financial Aid and Scholarship Services](#) before withdrawing. Students withdrawing from classes are responsible for payment of any balance due after the required return of Federal student aid funds.

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Student's Signature _____ Date _____

Academic Associate Dean/VPAA Approval	
All Petitions for Retroactive Registration Changes should comply with approved policy and procedures as described in:	
<ul style="list-style-type: none"> NMSU Policy of 6.92 (https://manual.nmsu.edu/files/2013/10/9thEdARPrev06_27_16.pdf) and Faculty Senate Proposition 22-14/15 (https://provost.nmsu.edu/facultysenate/wp-content/uploads/sites/10/2015/07/Proposition-22-1415-Policy-6.92-Retro-due-pass-version-1.pdf) 	
Request Approved	Comments or Notes:
Request Denied	

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Academic Associate Dean/VPAA Signature _____ Date _____ Academic Associate Dean/VPAA Printed Name _____ Date _____

This petition must be accompanied by a Change of Schedule Form with detailed course information for processing purposes.