



Early Registration Request Form

Name: _____

ID#: _____

Program Year: _____

Quarter of request: _____

(Part One/Part Two)

Email: _____

I. Reason for requesting Early Registration (check one):

All requests **must** have supporting documentation (statement of need) and **must** clearly indicate the conflict between your schedule/situation and the class time period for the class(es) you are requesting.

_____ Employment. (**Attach a letter**, signed & dated, by your employer, which must include a schedule of the days and times you work and which indicates that your schedule is fixed and not flexible).

_____ Childcare. (**Attach a description** of your childcare needs, clearly outlining your situation).

_____ Travel – I live in Taos, Albq., or over 50 miles away. (**Attach a description**, clearly outlining your situation, i.e. plan to bundle classes together according to schedule below).

_____ Health related. (**Attach a description** of your situation **and** supporting documentation from a health care professional).

_____ Other. (**Attach a description with any supporting documentation** to this form. Note that “other” reasons may or may not be approved).

II. **Only list below those classes you must have in order to avoid a conflict with your schedule.** You may include NEI classes if there is demonstrated need. If approved, we will then register you for those classes. **Note: You will need to register for any non-eligible class(es) during your regular scheduled Registration time.**

Course #	Section	Title	Days/Time	Units
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Student's Signature _____ Date _____

Please return this form to the Registrar, Andrea Pacheco, by the Early Registration request deadline or your needs cannot be accommodated.

FOR OFFICE USE ONLY

Approved

Not Approved

Registrar

Date

Student & Career Services Director

Date