



## Early Registration Request Form

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Program Year: \_\_\_\_\_  
(Part One/Part Two)

Quarter of request: \_\_\_\_\_

Email: \_\_\_\_\_

Designation: \_\_\_\_\_  
(Distance/On-Campus)

### 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

\_\_\_\_\_  
Dean of the College

\_\_\_\_\_  
Date