



Early Registration Request Form

Name: _____

ID#: _____

Program Year: _____

Quarter of request: _____

(Part One/Part Two)

Email: _____

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

_____ Employment. (Attach a letter, signed & dated, by your employer, which includes 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. **Note: You will still need to complete a registration form during Early Registration.**

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

Please note that you must complete your registration form during Early Registration and pay your bill or make financial arrangements at that time.

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

VPAA/Dean

Date