Graduate School
UNIVERSITY OF WISCONSIN–MADISON

Late Initial Enrollment Request

This form is to be used when the electronic Course Change Request cannot be submitted through the MyUW Student Center. This form is ONLY for late enrollment after the 2nd week of classes. The signed form must be accompanied by an appeal letter from your faculty advisor.

Student Name: _____ Email Address: _____

Campus ID Number: _____ Student Graduate Program: _____

Term: ◯ Fall ◯ Spring ◯ Summer Year _____

Add Course

5 digit Course ID	# Credits	Course Subject	Catalog number

Instructor Signature _____ Date _____

Add Course

5 digit Course ID	# Credits	Course Subject	Catalog number

Instructor Signature _____ Date _____

Add Course

5 digit Course ID	# Credits	Course Subject	Catalog number

Instructor Signature _____ Date _____

Faculty Advisor Name: _____

Faculty Advisor Signature _____ Date _____ Student Signature _____ Date _____