

# LATE START REQUEST FORM

California University of Pennsylvania  
Office of Student Retention and Success  
210 Noss Hall

Date & Time Received \_\_\_\_\_

**RETURN COMPLETED FORM TO NOSS HALL, ROOM 210 OR FAX to (724)- 938-1609.**

CWID \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

CAL U email address \_\_\_\_\_ Local Phone# \_\_\_\_\_

I am requesting late start class: \_\_\_\_\_ *SOW 303 LW* \_\_\_\_\_ *CSC 101 LW*

Have you previously scheduled a Late Start class? \_\_\_Y \_\_\_N How many times? \_\_\_\_\_

**The reason I need this Late Start class:**

_____	<b>Need the class to graduate current semester</b>
_____	<b>Need to withdraw from one class due to poor performance and need to replace one class to stay full time (12 credits)</b>
_____	<b>Need to withdraw from two classes due to poor performance and need to replace one or two classes to stay full time (12 credits)</b>
_____	<b>Other:</b>
_____	<b>Class(es) that I want to be withdrawn from:</b>

Student's Signature: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

**Requesting a Late Start class does not guarantee placement into that class.**  
You will be notified of the result of your request via your **CALU email** address.

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**For 210 Noss Hall Use Only:**

Total Billable Credits on Original Schedule: \_\_\_\_\_ Date/Time Received \_\_\_\_\_  
Total Billable Credits Following This Transaction: \_\_\_\_\_ (if over 18 credits, student signature required)

**Since we are past the deadline for adding classes for tuition purposes, I acknowledge that I will be billed for the number of tuition credits over 18 total credits, and I agree to pay these charges.**

\_\_\_\_\_  
Student signature and date