



**INSTRUCTOR PERMISSION FORM FOR LATE REGISTRATION**

Registration after the first day of class will require written permission from the instructor. Full payment is due immediately.

Name:						Student ID Number:							
_____													
Last		First		Middle									
INDICATE TERM OF REGISTRATION: FALL _____ SPRING _____ SUMMER _____													
A (Add)	If Audit Enter 'Y'	Course Prefix	Course #	CRN	Semester Hours	Title	Days	Time	Advisor's Initials				

*I understand that I may have additional fees applied to my account due to 3<sup>rd</sup> or 4<sup>th</sup> course attempt.*

By registering for courses, I understand and agree that I am registering for courses and am responsible for the payment of all tuition and fees by the established due dates on academic calendar, unless I drop the courses during the refund period. If my account becomes delinquent, I will be responsible for paying the College all past due amounts/service charges and any associated collection agency fees up to a maximum of 30% of the account balance, reasonable attorneys' fees, cost and expenses incurred by the College in its collection efforts. I agree to give CFK and its agent's permission to contact me on my home or mobile phone, email address, and mailing address. By signing below, I am entering into a legal and binding contract with The College of the Florida Keys and I hereby acknowledge that I have read and understand the Terms and Conditions of this registration agreement and Student Financial Responsibilities policy located in Student Catalog.

\_\_\_\_\_  
**Student's Signature** **Date**

\_\_\_\_\_  
**Instructor's Signature** **Date**  
*\*Instructor must submit this form electronically to [advising.services@cfk.edu](mailto:advising.services@cfk.edu)*

\_\_\_\_\_  
**Advisor's Signature** **Date**

**COMMENTS FOR OFFICE USE ONLY:**