

**DELTA STATE UNIVERSITY
RE-REGISTRATION FORM
TO BE USED AFTER FINAL CANCELLATION DATE**

NAME _____
 Telephone Number _____
 Email _____
 Advisor _____

DSU ID 900#####

ADD COURSE
*AFTER DEADLINE
 to ADD CLASSES*
**INSTRUCTOR APPROVAL
 SIGNATURE IS REQUIRED**

CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

Instructor's signature: _____ Date signed: _____

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Instructor's signature: _____ Date signed: _____

Signatures in Order _____

Date: _____

1. SBS _____

2. Registrar _____
