

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

NAME \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email \_\_\_\_\_  
 Advisor \_\_\_\_\_

<b>DSU ID 900#####</b>

<b>ADD COURSE</b> <i>AFTER DEADLINE to ADD CLASSES</i>	CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

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**Signatures in Order** \_\_\_\_\_  
 1. SBS \_\_\_\_\_  
 2. Registrar \_\_\_\_\_

**Date:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* For remote processing, sign when possible. If not possible, type name and forward to the Registrar's office via  
 FY21\_v2\_20200827