![UMass Dartmouth logo]

This form is for current UMass Dartmouth students ONLY who receive an error message when trying to enroll in COIN. Complete this form and email it to your advisor/department chair/graduate program director for approval. Once approved, the form must be submitted to the Student Service Center (SSC) at https://www.umassd.edu/ssc/ under "Submit an inquiry" to process the registration. You will receive confirmation from SSC when processed.
Note: *Holds must be resolved and the Student Financial Responsibility Agreement completed prior to submitting this form.*

Student Information

_____
Last Name   **First Name**   **Student ID**   **Email Address**

_____
Major/Program of Study   **Semester/Year Enrollment Requested**

Selected Courses

Please select the reason you are unable to self-register in COIN:

o   Online course offered through Online and Continuing Education (additional tuition & fee charges may apply)

Undergraduates: Courses offered through Online and Continuing Education are not covered by your regular tuition and fees for undergraduate day school. In registering for these courses, you will be charged separate Online and Continuing Education tuition and fees in addition to your regular day student tuition and fees and your financial aid may be recalculated. By submitting this request, you understand that you are responsible for reviewing your bill and paying the additional tuition/fees if you remain enrolled in the course(s).

o   Prerequisite/Corequisite Not Completed

o   Departmental Consent/Instructor Permission Required

o   Undergraduate student seeking enrollment in graduate level course

o   Other (please specify reason): _____

Course Subject	Course Number	Course Section	Class Number	Instructor Name

Important notes:

- **Advisor or Department Chairperson or Graduate Program Director and instructor approval is *NOT required* for day school students seeking course registration in Online & Continuing Education course(s) if it is the only reason you are unable to self-register in COIN.**
- **All other reasons require Advisor, Department Chairperson or Graduate Program Director (as appropriate) AND instructor approval to be processed.**

Signature and Approvals

_____   _____
Student Signature   Date

_____   _____   _____
Instructor Name   Instructor Signature   Date

_____   _____   _____
Advisor or Department Chairperson or   Advisor or Department Chairperson or   Date
Graduate Program Director Name   Graduate Program Director Signature

Rev. July 2025   For Office Use Only: Approved by_____ Date_____