



## 2026-2027 Late Registration Form

### A. Student Information

Student Name: \_\_\_\_\_  
(Print)

CBU ID : \_\_\_\_\_

### B. Financial Aid Office: \*By signing below, I understand that all required documentation needs to be turned into the Financial Aid Office within 15 days from the date this form is signed.

#### Documentation to be turned in by student:

- |   |   |
|---|---|
| <input type="checkbox"/> Dependent Verification Worksheet   | <input type="checkbox"/> SNAP Benefits Form                               |
| <input type="checkbox"/> Independent Verification Worksheet | <input type="checkbox"/> Unusual Enrollment History Form                  |
| <input type="checkbox"/> Student 2024 Tax Transcript        | <input type="checkbox"/> Identity & Statement of Educational Purpose Form |
| <input type="checkbox"/> Parent(s) 2024 Tax Transcript      | <input type="checkbox"/> Other Untaxed Income Form                        |
| <input type="checkbox"/> Child Support Paid Form            | <input type="checkbox"/> High School Completion Status Form               |

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

---

**Total Estimated Fall 2026 Financial Aid \$** \_\_\_\_\_

**Estimated By:** \_\_\_\_\_

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

### C. Registration: Registrar or Academic Services Office

**First Time Student** ☐-Yes ☐-No

**Registered By:** \_\_\_\_\_

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

### D. Business Office

**Settled By:** \_\_\_\_\_

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

### E. Student Statement

I agree to pay all charges associated with late registration and commit to following up with the CBU Financial Aid Office to provide the documentation indicated on this form, and any documentation they may request in the future. Should CBU determine at a later date that I am not eligible for funds included in the above estimate, I will take full responsibility for the charges on my CBU student account. I understand this does not waive my tuition and fees.

**Student Signature:** \_\_\_\_\_

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