Registration Activity Request

Office of the Registrar
Cincinnati State Technical and Community College
3520 Central Parkway, Cincinnati, OH 45223 • Main 161
Phone (513) 569-1522 • Fax (513) 569-1883
RegistrarOffice@cincinnatistate.edu

Term: (check one) ☐ Early Fall ☐ Late Fall ☐ Winter ☐ Spring ☐ Summer **Year:** 20____

Student ID No: _____ **Phone:** _____

Name: _____ _____ _____
Last (print) First (print) Middle (print)

If you are working toward a certificate or degree, you should make schedule changes only after meeting with your academic advisor to determine the impact of any change on meeting graduation requirements.

If you are receiving financial aid, you should check with the Office of Financial Aid to determine the effect this schedule change will have on your financial aid award.

STUDENT FINANCIAL RESPONSIBILITY
- I accept responsibility for the timely payment (by term's end) of tuition and fees incurred while attending the college.
- If I become delinquent in the payment of tuition/fees, I agree to pay costs of collections assessed by the State of Ohio and its assigns.
- I understand that I will be charged the full cost of the class added below unless I officially drop the class during the refund period.
- I understand the refund of tuition/fees is calculated according to the date I officially drop the class added below. Refer to the College's published refund schedule.
- If I decide not to attend a class and am reported as a "No Show", I agree to pay all tuition/fee charges unless I officially drop the class during the refund period.
- I agree to retain my copy of this document to support any future claim I may have concerning this registration transaction.

Student's Signature Required: _____ **Date**: _____

ADD CLASS To add a class after it has met or is full, you must obtain the approval signature of the instructor. Virtual classes are considered to have met beginning the first class day of the term.

Student complete				Person giving approval please complete this section and sign					
Dept	**Crse Nbr**	**Sect**	**Cr Hrs**	**Academic Division Approval signature(s) required to override a full class, override late add into a class that has met, override courses repeated more than 2X, override pre-requisite requirements, and approve instructor consent.** INSTRUCTIONS: Check ☑ approval reason and sign					
EX: EGT	1991	02	3	**Override Approvals**					**Approval Signature**
				☐ Full Class	☐ Late Add	☐ Repeated > 2X	☐ Pre-req	☐ Instructor Consent	
				☐ Full Class	☐ Late Add	☐ Repeated > 2X	☐ Pre-req	☐ Instructor Consent	
				☐ Full Class	☐ Late Add	☐ Repeated > 2X	☐ Pre-req	☐ Instructor Consent	
				☐ Full Class	☐ Late Add	☐ Repeated > 2X	☐ Pre-req	☐ Instructor Consent	
				☐ Full Class	☐ Late Add	☐ Repeated > 2X	☐ Pre-req	☐ Instructor Consent	
				☐ Full Class	☐ Late Add	☐ Repeated > 2X	☐ Pre-req	☐ Instructor Consent	

DROP / WITHDRAW FROM CLASS To avoid additional tuition charges, adding a class to replace a dropped class must be done in the same transaction

Dept	Course Number	Section	Attended (circle one)	Last Day Attended or Logged In
Example: EGT	1991	01	YES NO	MM/DD/YY
			YES NO	___/___/___
			YES NO	___/___/___
			YES NO	___/___/___
			YES NO	___/___/___
			YES NO	___/___/___

AUDIT Registration
I wish to register as an 'audit' student for the following classes with the understanding that these classes will not count for academic credit or in the course load for financial aid:

Dept	Course Number	Section	Credit Hours

OFFICE USE ONLY:

Credits From: _____ To: _____ Processed by _____ Date: _____/_____/_____