

Registration Activity Request

For timeframes, please see Important Dates Chart below

Form applies for one course only; if there are multiple requests, please use another form

Cincinnati State Semester:	D Fall	D Spring	D Summer	Year:	:
Student ID Number:	t ID Number: Date of Birth				
Full Name:					
Last				Middle	
If you are working toward a certifica determine the impact of any change on				neeting with your academic	advisor to
If you are receiving financial aid, you your financial aid award.	a should check	with the Office of F	inancial Aid to determine t	he effect this schedule change w	rill have on
 I accept responsibility for the timely payme If I become delinquent in the payment of to I understand that I will be charged the full I understand the refund of tuition/fees is ca If I decide not to attend a class and am rep I agree to retain my copy of this document 	uition/fees, I agree cost of the class alculated accordin ported as a "No S	e to pay costs of coll added below unless I ng to the date I officia how", I agree to pay	ections assessed by the State of officially drop the class during ally drop the class added below all tuition/fee charges unless I	of Ohio and its assigns. g the refund period. v. Refer to the College's published officially drop the class during the i	
COURSE TO BE ADDED:					
SUBJECT:	cc	OURSE:			
PLEASE CIRCLE EACH THAT A	PPLY:				
COURSE IS FUL	L/CLOSED				
SEMESTER HAS	STARTED				
REPEATED COU	JRSE				
COURSE TO BE DROPPED:					
SUBJECT:	cc	OURSE:			
STUDENT'S SIGNATURE:				Date:	
INSTRUCTOR'S SIGNATURE:				Date:	
DEAN SIGNATURE:				Date:	

IMPORTANT DATES CHART: WWW.CINCINNATISTATE.EDU/ACADEMICCALENDAR