

Registration Activity Request

For dates and deadlines, please see https://www.cincinnatistate.edu/importantdates/ Semester: Fall Summer Year: _____ Spring Student ID Number: Date of Birth Full Name: First Middle **COURSE TO BE ADDED:** CLOSED/FULL CLASS LATE - SEMESTER HAS STARTED SECTION CHANGE SUBJECT: _____ COURSE: ____ SECTION: ____ **COURSE TO BE DROPPED:** SUBJECT: _____ COURSE: ____ SECTION: ____ If you are working toward a certificate or degree, please make schedule changes only after meeting with your advisor or program chair to determine the impact on graduation requirements. If you are receiving financial aid, please check with the Office of Financial Aid to determine the effects on your financial aid award. STUDENT FINANCIAL RESPONSIBILITY I understand that all previous semester balances need to be Paid in Full before this form will be processed. I accept responsibility for the timely payment of my tuition and fees and understand that Bill Due Date is the 7th day of each semester. If I become delinquent in the payment of tuition/fees, I agree to pay costs of collections assessed by the Attorney General's Office and its designees. 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. 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. **STUDENT'S SIGNATURE:**

INSTRUCTOR'S SIGNATURE:

Date: ____

^{*}Additional approvals are needed after the 100% and 50% refund deadlines