Registration Activity Request

For dates and deadlines, please see https://www.cincinnatistate.edu/importantdates/

Semester: ☐ Fall ☐ Spring ☐ Summer Year _____

Student ID Number: _____ Date of Birth _____

Full Name: _____
Last 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 accept responsibility for the timely payment (by semester'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 assignees.
- 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: _____ **Date:** _____

INSTRUCTOR'S SIGNATURE: _____ **Date:** _____

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

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