

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:	udent ID Number: Date of Birth				
Full Name:					
Last				Middle	
If you are working toward a certific determine the impact of any change o				meeting with your academ	ic advisor to
If you are receiving financial aid, yo your financial aid award.	ou should check	with the Office of F	inancial Aid to determine t	he effect this schedule change	will have on
 I accept responsibility for the timely payr If I become delinquent in the payment of I understand that I will be charged the fu I understand the refund of tuition/fees is If I decide not to attend a class and am refunction I agree to retain my copy of this docume 	f tuition/fees, I agre Il cost of the class calculated accordi eported as a "No S	e to pay costs of colle added below unless I ng to the date I officia Show", I agree to pay	ections assessed by the State 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. w. Refer to the College's publishe officially drop the class during the	
COURSE TO BE ADDED:					
SUBJECT:	co	OURSE:			
PLEASE CIRCLE EACH THAT A	APPLY:				
COURSE IS FU	LL/CLOSED				
SEMESTER HA	S STARTED				
REPEATED CO	URSE				
COURSE TO BE DROPPED:					
SUBJECT:	co	OURSE:			
student's signature:		Date:			
INSTRUCTOR'S SIGNATURE:				Date:	
DEAN SIGNATURE:				Date:	

INPORTANT DATES CHART: WWW.CINCINNATISTATE.EDU/ACADEMICCALENDAR