

# ENROLLMENT FORM

Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ CSU ID# \_\_\_\_\_

Today's Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ College of Study \_\_\_\_\_  Graduate  Undergrad **TERM** YEAR: 20\_\_\_\_

- Fall  
 Spring  
 Summer

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

List all courses to be **ADDED** to your schedule:

Class Number	Credit Hours	Department Number	Section	For courses that require a Professor, Advisor or Dean signature ( <i>Please complete ALL boxes</i> )				
				Signature	Campus Phone	Exp. Date	Override Granted	
2144	3	ACT	221	3	(EXAMPLE) John Doe	9999	1/2/09	<input checked="" type="checkbox"/> Requisite <input type="checkbox"/> Permission <input type="checkbox"/> Class Limit
								<input type="checkbox"/> Requisite <input type="checkbox"/> Permission <input type="checkbox"/> Class Limit
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								<input type="checkbox"/> Requisite <input type="checkbox"/> Permission <input type="checkbox"/> Class Limit

List all courses to be **DROPPED** from your schedule:

Class Number	Credit Hours	Department Number	Section
2143	3	ACT	221

EXAMPLE

My signature acknowledges I understand and agree that my registration obligates me financially to Cleveland State University for all tuition charges and fees associated with my course enrollment and I acknowledge and accept this obligation. I understand and agree that any refund and/or credit to which I may be entitled will be processed in accordance with applicable University policies and procedures.

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**

*For Office Use Only:*

Date Processed: \_\_\_\_\_

Staff Member Initials: \_\_\_\_\_