

Undergraduate Late Add Form

Use this form after the Last Day to Add*

College Advising Approval is required.**

This form becomes invalid after the Last Day to Withdraw*

After the Last Day to Withdraw*, a College petition must be submitted.

TERM: _____ / _____

*The Academic Calendar contains dates required for courses scheduled in regular and summer sessions. Please see the Academic Calendar for Last Day to Add, Last Day to Drop and Last Day to Withdraw at <http://www.csuohio.edu/enrollmentservices/registrar/calendar/>. For courses scheduled in alternative sessions, please view the Last Day to Add, Last Day to Drop, and Last Day to Withdraw dates via CampusNet by viewing your schedule or viewing the course via Class Search. **Alternatively scheduled courses dropped up to and through this date will result in a grade of W unless dropped within the first 10% of the course (ie. within 5 days of a 50 day course, including weekends and holidays).**

CSU ID# _____ Last Name _____ First Name _____ M.I. _____

Phone Number _____ Email Address _____

Courses to be Added	Class #	Credit Hours	Subject	Catalog Number	Section	Session (Regular / Alternative)	Instructor Signature (MANDATORY)	Date	Attendance since beginning of term Yes / No / Unknown	Permission Required
										<input type="checkbox"/> Time Conflict
										<input type="checkbox"/> Time Conflict
										<input type="checkbox"/> Time Conflict
Drop / Withdraw							<ul style="list-style-type: none"> ➤ Schedule changes may be noted on your academic record and result in financial obligation. ➤ The Office of the University Registrar reserves the right to deny any late add request that does not meet policy standards. ➤ Please note that Closed Class Permission can only be provided electronically and can only be entered by the course department. 			

Academic Advisor Name: _____
(Refer to Starfish to determine appropriate advisor)

**Academic Advising Approval: _____ Date: _____

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

Take this completed form to Campus411 All-in-1 at BH 116 for processing.
OR
Complete form and submit to instructor and advisor for approval.
Completed form with required approvals must be sent to registrar@csuohio.edu from your @csuohio.edu email address.

For Office Use Only: Date Processed: _____
Staff Initials: _____