**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/](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 ____________

Home Phone ________________  Business / Mobile Phone ________________  Email Address ___________________________

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<thead>
<tr>
<th>Class #</th>
<th>Credit Hours</th>
<th>Subject / Number / Section</th>
<th>Session (Regular / Alternative)</th>
<th>Instructor Signature (mandatory)</th>
<th>Date</th>
<th>Attendance since beginning of term Yes / No / Unknown</th>
<th>Permission Required</th>
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➢ 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.

**College 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 form to Campus411 All-in-1 at MC 116 for registration.

For Office Use Only:

Date Processed: ________  Staff Initials: ________

FOR REGISTRATION DEADLINES, PLEASE VISIT WWW.CSUOHIO.EDU/REGISTRAR

All registration transactions must be done prior to stated deadlines.

[Rev 04/2014]

Effective SU10