

Please read instructions before completing form



**COURSE ENROLLMENT PERMISSION**

|            |            |       |               |                |        |                         |  |            |                           |            |  |
|------------|------------|-------|---------------|----------------|--------|-------------------------|--|------------|---------------------------|------------|--|
| Name: Last |            | First |               | Middle Initial |        | Student ID – or- Name.# |  | Program    |                           | Plan/Major |  |
| Sem/Yr     | Department |       | Course Number |                | Credit | Class Number            |  | Instructor |                           |            |  |
| Reason:    |            |       |               |                |        |                         |  |            | Co-requisite class number |            |  |

**Type of request:**

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- A. Waive Prerequisite Requirements
- B. Enter a Course Requiring Permission
- C. Override the Limit and Enter a **Full** Section
- D. Schedule the Class with a Time Conflict
- E. Add the Course [1<sup>st</sup> Date of Attendance: \_\_\_\_\_]

- F. Audit
- G. Repeat the Course for Audit
- H. Repeat the Course for a Grade
- I. Pass/Non-Pass Options (Undergraduates Only)
- J. U Option
- K. Raise Total Registration Maximum to \_\_\_\_\_ Credits
- L. Drop the Course [Last Date of Attendance: \_\_\_\_\_]

During the 2nd Week, **Instructor** and **College Office** signatures are required; Beginning the 3rd Week, **Instructor**, **College Office** and **Department** signatures are required.

\_\_\_\_\_  
Student's Signature Date

**INSTRUCTIONAL UNIT APPROVAL(S)**

**OFFICE USE ONLY**

**ENROLLMENT UNIT APPROVAL(S)**

**For Items A through F**

\_\_\_\_\_  
Instructor's Signature Date

\_\_\_\_\_  
Please Print OSU ID (name.#)

**For Item D**

\_\_\_\_\_  
Instructor's Signature Date

\_\_\_\_\_  
Please Print OSU ID (name.#)

**For Item E after the 2nd Friday of the Semester**

\_\_\_\_\_  
Department Chairperson/Designee's Signature Date

\_\_\_\_\_  
Please Print OSU ID (name.#)

**For Items E through L**

\_\_\_\_\_  
Dean/Director/Designee's Signature Date

\_\_\_\_\_  
Please Print OSU ID (name.#)

\_\_\_\_\_  
Advisor's Recommendation

|                    |          |      |
|--------------------|----------|------|
| Special Processing | Initials | Date |
|                    |          |      |

**INSTRUCTIONS TO THE STUDENT**

- Complete top portion of form with all information requested, including your signature.
- Obtain the appropriate signature(s) on the bottom portion of the form, corresponding to the letter of the box you checked on the top portion.

**INSTRUCTOR'S SIGNATURE** needed for items **A through F**.

**BOTH INSTRUCTORS' SIGNATURES** needed to schedule conflicting courses (**item D**).

**DEPARTMENT CHAIRPERSON/DESIGNEE'S SIGNATURE** needed for item **E** after the 2nd Friday of the Semester.

**DEAN/DIRECTOR/DESIGNEE'S SIGNATURE** needed for items **E through L**.

**ADVISOR'S SIGNATURE** needed for items **E through L** on the Advisor Recommendation line, unless specifically waived by your college office.

- Once the appropriate signatures are obtained, **SUBMIT THIS FORM TO YOUR COLLEGE OFFICE FOR APPROPRIATE ACTION.**

**DO NOT SUBMIT TO THE REGISTRAR'S OFFICE DIRECTLY. THE REGISTRAR'S OFFICE CAN ONLY ACCEPT THIS FORM FROM THE COLLEGE OFFICE. IF THE FORM COMES TO THE REGISTRAR'S OFFICE FROM THE STUDENT, IT WILL RESULT IN SIGNIFICANT DELAYS IN PROCESSING.**

**INSTRUCTIONS FOR INSTRUCTOR, DEPARTMENT AND ENROLLMENT UNIT**

- Initial the box indicating your concurrence with the request, if you are not processing the action.
- Draw a single line through any unused or unauthorized permission.
- Enrollment Units: Indicate any special handling regarding Fee Re-assessment or marks.