

ENROLLMENT E-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 _____

Courses to be **Added**: (Please complete ALL boxes)

Class Number	Credit Hours	Subject / Number / Section	Instructor Signature (mandatory if Permission is required)	Exp. Date	Campus Phone	Permission Required
						<input type="checkbox"/> Class Limit <input type="checkbox"/> Requisite <input type="checkbox"/> Consent <input type="checkbox"/> Time Conflict
						<input type="checkbox"/> Class Limit <input type="checkbox"/> Requisite <input type="checkbox"/> Consent <input type="checkbox"/> Time Conflict
						<input type="checkbox"/> Class Limit <input type="checkbox"/> Requisite <input type="checkbox"/> Consent <input type="checkbox"/> Time Conflict
						<input type="checkbox"/> Class Limit <input type="checkbox"/> Requisite <input type="checkbox"/> Consent <input type="checkbox"/> Time Conflict

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**

Courses to be **Dropped or Withdrawn**:

Class Number	Credit Hours	Department / Number / Section

****Next Steps****

For registration processing send completed form FROM YOUR CSU EMAIL ADDRESS to registrar@csuohio.edu.

(If instructor permission is required have instructor sign and send to registrar@csuohio.edu FROM THEIR CSU EMAIL ADDRESS)

If after the first week of classes, a Late Add form must be used.

For Office Use Only:

Date Processed: _____

Staff Member Initials: _____