Course Enrollment Permission Form

Student Information

<table>
<thead>
<tr>
<th>Ohio State ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name/Initial</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio State name.#</td>
<td>Term</td>
<td>College</td>
<td>Student’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Course Information

<table>
<thead>
<tr>
<th>Term</th>
<th>Year</th>
<th>College</th>
<th>Department</th>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Class Number</th>
</tr>
</thead>
</table>

Instructor’s Name | Co-requisite Class Number

Action

- □ Waive Prerequisite Requirements
- □ Enter a Course Requiring Permission
- □ Schedule the Class with a Time Conflict
  
  (Both Instructors’ Signatures Required)

  Instructor’s Signature | Date
  -------------------------------------------
  Instructor’s Name
  After the 1st Friday of the Semester

  Instructor’s Signature (Second for Time Conflict) | Date
  -------------------------------------------
  Instructor’s Name
  After the 2nd Friday of the Semester

- □ Add the Course

  Instructor’s Signature | Date
  -------------------------------------------
  Instructor’s Name
  After the 1st Friday of the Semester

  Department Chairperson/Desigee’s Signature | Date
  -------------------------------------------
  After the 2nd Friday of the Semester

  Advisor’s Signature | Date
  -------------------------------------------

  Dean/Director/Desigee’s Signature | Date
  -------------------------------------------

- □ Audit the Course [First Date of Attendance: _________ ]

  Instructor’s Signature | Date
  -------------------------------------------
  Instructor’s Name
  After the 1st Friday of the Semester

  Department Chairperson/Desigee’s Signature | Date
  -------------------------------------------
  After the 2nd Friday of the Semester

  Advisor’s Signature | Date
  -------------------------------------------

  Dean/Director/Desigee’s Signature | Date
  -------------------------------------------

- □ Repeat the Course for Audit
- □ Repeat the Course for a Grade
- □ Pass/Non-pass Options (undergraduates only)

  □ “U” Option

  □ Raise Total Registration Maximum to _____ Credits.

  □ Drop the Course [Last Date of Attendance: _________ ]

- □ Repeat the Course for Audit

  Instructor’s Signature | Date
  -------------------------------------------
  Instructor’s Name
  After the 1st Friday of the Semester

  Advisor’s Signature | Date
  -------------------------------------------

  Dean/Director/Desigee’s Signature | Date
  -------------------------------------------

Special Processing

<table>
<thead>
<tr>
<th>Notes</th>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
</table>

To return this form:
Take this form to your college office for appropriate action. For a complete list of Colleges and Schools visit: osu.edu/academics/a-z.html.
Course Enrollment Permission Form

Steps in Completing the Form (Student)

1. Complete the Student Information and Course Information sections completely.
2. Select the appropriate Action and obtain the requested signatures.
3. Take the completed form to your college office for appropriate action.
   - For a complete list of Colleges and Schools visit: osu.edu/academics/a-z.html

Special Note: If this action will exceed the room limit, this form will not be processed.

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