SUPERFORM - Course Registration and Enrollment Request

Print clearly in ink.

Personal Information

OSU Student ID -OR- Name.# _____

Birthdate MMDDYYYY _____

Last Name _____ Suffix _____ First Name _____ Middle Name _____ ◯ Male ◯ Female

Permanent Mailing Address _____ City _____

State _____ Zip _____ - _____ Country _____ Country of Birth _____

Home Phone _____ Alternative Phone (optional) _____

OFFICE USE ONLY

☐ Application Adviser OSU ID (name.#) _____

☐ Former req.

College: _____ Res _____

Class: _____ Rank _____

Campus: _____ Term: _____

Program Approval _____

Advisor/College Office

Schedule and Advisor Approval

Dept. Abbrev.	Course No.	Credits	Class Number (4 or 5 digits)

OFFICE USE ONLY

Date Rec'd _____

Appl Fee ◯ Y ◯ N ◯ W

Residency ◯ R ◯ N ◯ F

Accept Fee ◯ Y ◯ N ◯ W

Registration Information

Date you began living in Ohio. _____

(Note: If, at any point, you moved out of Ohio and then returned, please indicate your return date)

◯ Yes ◯ No Are you a U.S. citizen?
If no, please indicate your country of citizenship: _____
If no, please specify your Visa type: _____

◯ Yes ◯ No Have you ever registered and paid fees at OSU?
If yes, indicate last quarter & year attended: _____

◯ Yes ◯ No Are you financially self-supporting?

◯ Yes ◯ No Are you financially supported by a person who has resided in Ohio for the past 12 consecutive months and who claimed you as a dependent for income tax purposes in the previous year?
If yes, please indicate the name of the person who claimed you as a dependent: _____
If yes, please indicate the address of the person who claimed you as a dependent: _____
If yes, please indicate the date the person who claimed you as a dependent started living in Ohio: _____

◯ Yes ◯ No If male, aged 18-26, have you registered with the selective service?
If yes, enter your selective service number: _____

◯ Yes ◯ No Are you presently under suspension or dismissal from a college or university (including Ohio State)?
If yes, please attach a statement of explanation.

◯ Yes ◯ No Is your cumulative grade point average a 2.0 or higher on a 4.0 scale for all previous college work?

Desired college, school, division _____ Desired area of study, major _____

Term of expected enrollment: ◯ Summer (June) 20 ☐☐ ◯ Autumn (Aug) 20 ☐☐ ◯ Spring (Jan) 20 ☐☐

Desired campus (check one): ◯ Columbus ◯ Lima ◯ Mansfield ◯ Marion ◯ Newark ◯ ATI-Wooster

I affirm that the information I have provided on this application form and any additional information I submit related to the admission/financial aid process is complete, accurate and true to the best of my knowledge. If applicable, I authorize each high school and each college or school I have attended to release academic information. I agree to submit other materials which are required for an admission application. I agree as a student that I will be subject to The Ohio State University Code of Student Conduct. I understand that furnishing false or incomplete information on any part of this admission material or other related materials may result in cancellation of admission.

_____

Signature Date