THE OHIO STATE UNIVERSITY

Enrollment Services
University Registrar

Change Ticket (Do NOT give form to student)

Student Information

Ohio State ID	Last Name	First Name	Middle Name/Initial	Suffix
Ohio State Name.#	Campus	Effective Term / Year	Today's Date	

Enrollment Limit Note

Students enrolled over room limit will be dis-enrolled.

College Office Use Only

Post-10th Friday Petitions: If dropping a class after the 10th Friday of the term (5th Friday for a seven-week session, 3rd Friday for four-week session, 4th Friday for six-week session, or 6th Friday for eight-week session), complete this section.

Based on Faculty Rule 3335-8-32 (Withdrawal from Courses or from the University), if after the 10th Friday of the term (5th Friday for a seven-week session, 3rd Friday for four-week session, 4th Friday for six-week session, or 6th Friday for eight-week session), students must petition with the enrollment unit for approval to withdraw from a class due to circumstances beyond their control. A lack of preparation or dissatisfaction with the course(s) are not acceptable reasons to withdraw from the class after the 10th Friday of the term (5th Friday for a seven-week session, 3rd Friday for four-week session, 4th Friday for six-week session, or 6th Friday for eight-week session). If the petition is approved, the mark "W" will be recorded on the student's academic record for each course involved.

Committee Action: ☐ Approved ☐ Disapproved

College/Department/Advisor Approval | Office Use Only

College/Department/Advisor Approval	Printed Name	Processed By	Date

Purpose

Select: ☐ **Add** ☐ **Drop** ☐ **Change Credit Hours To: ______** ☐ **Date Maintenance** ***Grade on Record*: ______***
**credit hour change or dual credit/career*

						◯ Yes / No ◯	
Class Number (4 or 5 digits)	Credit	Options	Department	Course Number	Career	Dual Credit / Career? ***Grad School Use Only***	Effective Date

Select: ☐ **Add** ☐ **Drop** ☐ **Change Credit Hours To: ______** ☐ **Date Maintenance** ***Grade on Record*: ______***
**credit hour change or dual credit/career*

						◯ Yes / No ◯	
Class Number (4 or 5 digits)	Credit	Options	Department	Course Number	Career	Dual Credit / Career? ***Grad School Use Only***	Effective Date

Select: ☐ **Add** ☐ **Drop** ☐ **Change Credit Hours To: ______** ☐ **Date Maintenance** ***Grade on Record*: ______***
**credit hour change or dual credit/career*

						◯ Yes / No ◯	
Class Number (4 or 5 digits)	Credit	Options	Department	Course Number	Career	Dual Credit / Career? ***Grad School Use Only***	Effective Date

Select: ☐ **Add** ☐ **Drop** ☐ **Change Credit Hours To: ______** ☐ **Date Maintenance** ***Grade on Record*: ______***
**credit hour change or dual credit/career*

						◯ Yes / No ◯	
Class Number (4 or 5 digits)	Credit	Options	Department	Course Number	Career	Dual Credit / Career? ***Grad School Use Only***	Effective Date

Revised: 06/03/2016

To return this form:

Mail to: Academic Records, 540 Student Academic Services Bldg., 281 W. Lane Ave., Columbus OH 43210-1132
Email to: registrar@osu.edu | Phone: 614-292-9330

THE OHIO STATE UNIVERSITY

Enrollment Services
University Registrar

Grade Assignment Form (for a course added with Change Ticket)

(Do NOT give form to student)

Student Information

Ohio State ID	Last Name	First Name	Middle Name/Initial	Suffix

Ohio State name.#	Date of Birth (optional)	Term	College

Course Information

Fill out course information completely - If needed contact the department for assistance

Term	Year	College	Department	Course Number	Credit Hours	Class Number

Instructor Information

Instructor's Name	Ohio State ID or name.#	Work Phone	Ohio State Email

Purpose

Assign Final Grade for Added Course – *Attach a Change Ticket to Add the Course*

Final Grade	Alternate Grade ***If final grade is "I"***	Instructor's Signature	Date

Revised: 06/03/2016

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