



Course Enrollment Permission Form

Student Information

| | | | | |
|-------------------|-----------|------------|---------------------|--------|
| Ohio State ID | Last Name | First Name | Middle Name/Initial | Suffix |
| Ohio State name.# | Term | College | Student's Signature | Date |

Course Information

| | | | | | | |
|-------------------|------|---------------------------|------------|---------------|--------------|--------------|
| Term | Year | College | Department | Course Number | Credit Hours | Class Number |
| 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)
- Override the Limit and Enter a Full Section
(If this action will exceed the room limit, this form will not be processed)

| | | |
|---|------|---|
| Instructor's Signature | Date | Instructor's Printed Name and OSU ID |
| Instructor's Signature (Second for Time Conflict) | Date | Instructor's Printed Name and OSU ID (Second for Time Conflict) |

- Add the Course
- Audit the Course [First Date of Attendance: _____]

| | | |
|---|------|--|
| Instructor's Signature <i>After the 1st Friday of the Semester</i> | Date | Instructor's Printed Name and OSU ID |
| Department Chairperson/Designee's Signature <i>After the 2nd Friday of the Semester</i> | Date | Department Chairperson/Designee's Printed Name |
| Advisor's Signature | Date | Advisor's Printed Name |
| Dean/Director/Designee's Signature | Date | Dean/Director/Designee's Printed Name |

- 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: _____]

| | | |
|------------------------------------|------|---------------------------------------|
| Instructor's Signature | Date | Instructor's Printed Name and OSU ID |
| Advisor's Signature | Date | Advisor's Printed Name |
| Dean/Director/Designee's Signature | Date | Dean/Director/Designee's Printed Name |

Special Processing

| | | |
|-------|----------|------|
| Notes | Initials | Date |
|-------|----------|------|

Revised: 12/09/2014

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.

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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.

Revised: 12/3/2014

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