

ENROLLMENT 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Courses to be **Dropped or Withdrawn**: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****

You can take your completed form to Campus411 at BH 116 for registration.

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

For Office Use Only:

Date Processed: _____

Staff Member Initials: _____