

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	
<input type="checkbox"/> Waive Prerequisite Requirements <input type="checkbox"/> Enter a Course Requiring Permission <input type="checkbox"/> Schedule the Class with a Time Conflict <i>(Both Instructors' Signatures Required)</i>	<input type="checkbox"/> Override the Limit and Enter a Full Section <i>(If this action will exceed the room limit, this form will not be processed)</i>

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)

<input type="checkbox"/> Add the Course	<input type="checkbox"/> 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

<input type="checkbox"/> Repeat the Course for Audit <input type="checkbox"/> Repeat the Course for a Grade <input type="checkbox"/> Pass/Non-pass Options (undergraduates only)	<input type="checkbox"/> "U" Option <input type="checkbox"/> Raise Total Registration Maximum to _____ Credits. <input type="checkbox"/> 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.

THE OHIO STATE UNIVERSITY
SCHOOL OF HEALTH AND REHABILITATION SCIENCES

Course Add Petition (post 2nd Friday)

NAME:	ID:	NAME.#
ARE YOU A (CHECK ALL THAT APPLY) <input type="checkbox"/> GRADUATING SENIOR? (IF YES, LIST QUARTER AND YEAR GRADUATING) _____ <input type="checkbox"/> STUDENT ATHLETE?		
<input type="checkbox"/> MAJOR <input type="checkbox"/> PRE-MAJOR LIST MAJOR OR PREMAJOR: _____		

**Documentation Necessary to Add a Class
(After the 2nd Friday of the Semester)**

Petition Process

Documentation Necessary

- Course Enrollment Permission Form
 - Signed by instructor
 - Signed by department chair
- Student Petition
 - Please explain the reason for adding the course past the second Friday deadline of the semester. Attach additional paperwork/documentation if necessary.

- Course Fee Assessment

Student Initial

____ I understand that a \$100 dollar fee will be added for every course added after the 2nd week of the semester. I agree to contact the Student Services Center at (614)292-0300 if I have questions regarding this fee assessment.

*Fee waiver – the \$100 dollar fee *may* be waived if you meet the one or more of the following conditions (please check any that apply). Fee waivers are left to the discretion of the college and may not be awarded.

- Same course section change
- Late add due to late admission to major
- Other (please state any additional reason you believe fee should be waived. Note: not submitting paperwork on time/not aware of deadline is not a valid reason to waive fee).

Student Initial:

____ I understand that submission of this petition is not a guarantee that I will be admitted to the class. Your advisor will contact you with a decision regarding this petition after its review.

Student Signature:	Today's Date:
--------------------	---------------