



### 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 1<sup>st</sup> Friday of the Semester</i>	Date	Instructor's Printed Name and OSU ID
Department Chairperson/Designee's Signature <i>After the 2<sup>nd</sup> 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
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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](http://osu.edu/academics/a-z.html).

**THE OHIO STATE UNIVERSITY**  
**SCHOOL OF HEALTH AND REHABILITATION SCIENCES**

**Undergraduate Drop Request & Change Ticket Supplement Form**

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

**Considerations for dropping a class (es) with a "W" grade**

- Week 1** - Friday of the 1st week is the last day to drop without a W for a May Session course.
- Week 2** - Friday of the 2nd week is the last day to drop without a W for an autumn 1<sup>st</sup> /spring 1<sup>st</sup> /summer session (i.e., 7-week session).
- Week 3** - Friday of the 3rd week is the last day to drop a May Session course without petitioning.
- Week 4** - Friday of 4th week is the last day to drop without a W for an autumn/spring/summer semester *full-term* course.
- Week 5** - Friday of the 5th week is the last day to drop an autumn 1<sup>st</sup> /spring 1<sup>st</sup> /summer session course without petitioning.
- Week 10** - Friday of the 10th week is the last day to drop an autumn/spring/summer semester *full-term* course without petitioning.

**Time to Degree**

- Is this class only offered once a year?
- If a current pre-major, how could dropping this class impact progress towards completion of prerequisite courses?
- If a current major, have you discussed this with your faculty advisor? Will you be able to continue in your program if you drop this class?
- Could this possibly delay your projected graduation?

**Dropping with a "W" grade**

- Have you dropped a class previously during your enrollment at Ohio State?
- How will dropping this class(es) or a pattern of "W"'s reflect upon your application to Graduate or Professional School (i.e. Medical School, MBA, MHA, PT/OT)?

**Student Athletes**

- Are you submitting a SASSO drop form with your Change Ticket? (**required**)

**Considerations for dropping below full-time status (12 credit hours)**

**SAP (Satisfactory Academic Progress) through Student Financial Aid**

- How will your SAP be affected? Check with the Student Consolidated Services Center (SCSC) <http://scsc.osu.edu/>

**Scholarships and Loans**

- Do any of the scholarships or loans that you receive require you to be a full-time student? (i.e. ODI, Land Grant, Merit)  
Some scholarships require you to be full time. Others, which may be administered by the Office of Student Financial Aid or your college or department, will depend on the enrollment criteria established by the donors. You will need the donor's permission to receive funds if you are not registered for the required hours. Contact the Student Consolidated Services Center (SCSC) <http://scsc.osu.edu/> if you have questions.

**Insurance**

- Does your car, renter's, and/or health insurance require you to be a full-time student to receive coverage?

**Housing**

- Do you live in University housing? If so, and your enrollment status is below full-time status, please check with University Housing to determine if you are still compliant with their requirement of being a regular, full time student. <http://housing.osu.edu/>

**International Status**

- Does your Visa require you to be a full-time student? <http://oia.osu.edu/international-students.html>

**Student Initial:**

\_\_\_\_\_ I have reviewed this form in order to drop this class (es) and understand and accept that I am responsible for any ramifications that may result from this drop. (If you would like to meet with an advisor regarding your class schedule, please contact the Office of Student Service at (614)292-1706 or attend walk-in hours.)

Student Signature:

Today's Date:

***This form is used after the 4th Friday AND until the end of the 10<sup>th</sup> week to drop course(s) AND must be accompanied by a change ticket. After the end of the 10<sup>th</sup> week, students must petition to drop a course(s).***