



# REGISTRATION

# ADD/DROP

# INSTRUCTIONS TO STUDENT

Please return completed form to: Records and Registration Department Madison Hall, Room 201  
TELEPHONE INFORMATION CENTER: (614) 287-5353 or (800) 621-6407 CATS: (614) 287-2287 ONLINE: www.csc.edu

EFFECTIVE SUMMER QUARTER 2009

July 27, 2009

All previous versions of the Registration Add/Drop Form are no longer applicable. This version is the most current and valid. Previous versions will not be accepted.

## REGISTRATION OPTIONS

TELEPHONE INFORMATION CENTER (T.I.C.): (614) 287-5353  
REGISTER ONLINE: www.csc.edu CATS: (614) 287-2287  
You may check course status information online at www.csc.edu

Instructions for registering for classes: The matriculation fee will appear and be due for the academic quarter in which the student initially registers for a course, even if the course is dropped by the student or cancelled by Columbus State.

- The student must complete the attached form in its entirety. This includes: Quarter, Year, First Name, Last Name, CougarID Number and Signature along with the course information as demonstrated below for each course in which you want to register. The "student" copy, a faxed copy, or a photocopy of the attached form may not be reused. Only the original form or an original printout of the form available on the web will be accepted.
- Obtain any signatures, if needed, on the correct line, with the date of the signature. Forms with signatures must be presented in person. Faxed copies will not be accepted.
- If registering in person, bring the form to the Records and Registration Department, Madison Hall, Room 201 or to one of the off-campus centers for processing. **A photo ID is required for in-person transactions.** Ohio Driver's License, State of Ohio ID, Columbus State Community College Student ID, another institution's or employer's photo ID are all acceptable forms of photo ID.
- If signatures are not required you may register via the web, CATS, by calling the Telephone Information Center (T.I.C.), or by going to an Off-Campus Center.
- For Flex Term classes please check the course schedule information.
- Please check the website at www.csc.edu for deadline information.
- Please view your schedule on-line at [www.csc.edu](http://www.csc.edu) for admission to class and as verification that your request has been completed.

Insert the course name, section number and the 5-digit synonym number for each course you want to add or drop from your schedule into the appropriate spaces on the form, (see examples below). The synonym number must be the complete five digits. If you are switching sections of a course, place the course you are currently registered for in the "Drop Courses Here" section of the form and the section you want to register for into the "Add Courses Here" section. The definition and eligibility information for Audit is available in the Columbus State Community College catalog.

NOTE: When using an e-mail from an instructor in lieu of the instructor's signature, the e-mail must include: Student's Name and CougarID Number, Quarter, Course Name, Section Number and Synonym Number, and Instructor's Name. The date of the instructor's e-mail to the student will be used to determine the signature deadline.

PLACE A COURSE TO BE ADDED HERE:

<b>ADD Course Listed Here</b>		<b>NOTE: Time conflicts will not be permitted</b>		<b>DROP Course Listed Here:</b>	
Course Name and Section Number	Synonym Number	Audit	This form must be processed within five business days of the instructor's signature date.		
_____	_____	<input type="checkbox"/> Only Check If Auditing This Course	_____		
Instructor's Signature	Date (Required):	Signature <i>must</i> be dated by the instructor only			
<input type="checkbox"/> I verify that I have discussed the prerequisite requirements with the student	_____	M M D D Y Y			
Prerequisite/22 Credit Hour or More Permission: Prerequisite Permission For First and Second Quarter Students ONLY		Date Signed: ____/____/____		Required: To be dated only by person signing for permission	
<input type="checkbox"/> Prerequisite Authorization (PA) <small>No further current quarter prerequisite checking and no deregistration</small>	<input type="checkbox"/> Prerequisite Override (PO) <small>No further current quarter prerequisite checking and no deregistration</small>	<input type="checkbox"/> Prerequisite Conditional (PC) <small>Further current quarter prerequisite checking and possible deregistration</small>	<input type="checkbox"/> 22+ Credit Hours	_____	
Dean/Chairperson/Chairperson Designee/Advisor/Telephone Information Center	Dean/Chairperson/Chairperson Designee/Advisor	Advisor/Telephone Information Center/Off Campus	Advisor		
FOR OFFICE USE ONLY: Circle one: Day course begins: M T W TH F S SU <input type="checkbox"/> Web <input type="checkbox"/> Hybrid					
Term of course: <input type="checkbox"/> Full Term <input type="checkbox"/> First Term <input type="checkbox"/> Second Term <input type="checkbox"/> First 4-Week <input type="checkbox"/> Second 4-Week <input type="checkbox"/> 8-Week <input type="checkbox"/> Flex					

<b>ADD Course Listed Here</b>		<b>NOTE: Time conflicts will not be permitted</b>		<b>DROP Course Listed Here:</b>	
Course Name and Section Number	Synonym Number	Audit	This form must be processed within five business days of the instructor's signature date.		
_____	_____	<input type="checkbox"/> Only Check If Auditing This Course	_____		
Instructor's Signature	Date (Required):	Signature <i>must</i> be dated by the instructor only			
<input type="checkbox"/> I verify that I have discussed the prerequisite requirements with the student	_____	M M D D Y Y			
Prerequisite/22 Credit Hour or More Permission: Prerequisite Permission For First and Second Quarter Students ONLY		Date Signed: ____/____/____		Required: To be dated only by person signing for permission	
<input type="checkbox"/> Prerequisite Authorization (PA) <small>No further current quarter prerequisite checking and no deregistration</small>	<input type="checkbox"/> Prerequisite Override (PO) <small>No further current quarter prerequisite checking and no deregistration</small>	<input type="checkbox"/> Prerequisite Conditional (PC) <small>Further current quarter prerequisite checking and possible deregistration</small>	<input type="checkbox"/> 22+ Credit Hours	_____	
Dean/Chairperson/Chairperson Designee/Advisor/Telephone Information Center	Dean/Chairperson/Chairperson Designee/Advisor	Advisor/Telephone Information Center/Off Campus	Advisor		
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Instructor's signature required for the following reasons:

- FILLED CLASS:** There are zero seats available in the section you are requesting. Permission to enter a course is at the discretion of the instructor. Waitlisting is not available.
- AFTER CLASS BEGINS:** Before the 100% refund period and the course has already met or the course is offered in web format. Permission to enter a course is at the discretion of the instructor.
- LATE REGISTRATION:** Begins after the 100% refund period for the course(s) for which you are registering. An instructor's signature is required to register late for a course. Permission to enter a course is at the discretion of the Instructor. Bring the completed Registration Add/Drop form to Records and Registration, Madison Hall, Room 201. Records and Registration is open Monday through Thursday 8:00 a.m. to 7:30 p.m., Friday 9:30 a.m. to 4:30 p.m. and Saturday 9:00 a.m. to 12:00 p.m. (Noon). **Note:** Additional fees will be incurred as a result of changing courses after the 100% refund period. Students are responsible for paying any outstanding fees as a result of the late registration transaction. For example, fees will be incurred if you change courses to a different subject, such as PSY 100 to ENGL 250, or change courses within the same subject, such as MATH 135 to MATH 116. **Late Registration is transacted only in the Records and Registration Department.** Late Registration Guidelines are available on the Student Forms page of the Columbus State web site.

### ★★ IMPORTANT INFORMATION ★★

After registering for courses, you are responsible for payment of fees via self-pay, voucher, third-party or financial aid prior to the published fee payment deadline date. You may pay at the CASHIER'S OFFICE on the second floor of Rhodes Hall; ONLINE: www.csc.edu; the TELEPHONE INFORMATION CENTER (T.I.C.): (614) 287-5353 or CATS: (614) 287-2287.

If you do not meet the prerequisite for a course or are registering for 22 credit hours or more, you will need to have the Prerequisite/22 Credit Hours or More Permission section of the Registration Add/Drop Form completed, with the required signatures.

By signing the attached Registration Add/Drop form, you acknowledge that you have read and understood the information provided on this sheet. Additionally, you agree to the conditions for any audit, prerequisite authorization, prerequisite override and/or prerequisite conditional, 22 credit hours or more scheduled, late registration and any additional fees which may be incurred due to the Late Registration process.



# REGISTRATION ADD/DROP FORM

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**July 27, 2009**

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FOR EMPLOYEE USE ONLY  
Do Not Write In This Area

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed By: \_\_\_\_\_  
Employee Initials  
 RR  LR

PLEASE PRINT CLEARLY AND PRESS FIRMLY - COMPLETION OF ALL FIELDS REQUIRED FOR PROCESSING (ONE QUARTER PER FORM)

QUARTER/YEAR:  Summer \_\_\_\_\_  Autumn \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_

NAME: [Grid for Name] LAST FIRST

CougarID Number (Required): [Grid for CougarID]

Social Security Number is **NOT** acceptable

STUDENT SIGNATURE (REQUIRED)

By signing the Registration Add/Drop Form, you acknowledge that you have read and understood the information provided within the Registration Add/Drop Instructions to Student. Additionally, you agree to the conditions for any audit, prerequisite authorization, prerequisite override and/or prerequisite conditional, 22 credit hours or more scheduled, late registration and any additional fees which may be incurred due to the Late Registration process. For example, fees will be incurred if you change courses to a different subject, such as PSY 100 to ENGL 250, or change courses within the same subject, such as MATH 135 to MATH 116. Also, the matriculation fee will appear and be due for the academic quarter in which you initially register for a course, even if you drop the course or the course is cancelled by Columbus State. If you are receiving permission for a prerequisite authorization, prerequisite override and/or prerequisite conditional status your signature above acknowledges that you understand that you must submit an official transcript verifying you have met the prerequisite for that course, and for future registrations; that the official transcript must be received and evaluated prior to your third quarter at Columbus State Community College; you understand that neither Columbus State Community College nor the instructor is responsible for your progress or providing you extra services; you waive your right to a grade appeal, administrative withdrawal and tuition refund due to Prerequisite/22 Credit Hour or More Permission; you understand it is your responsibility to verify with your home institution (Academic Advisor, Registrar, etc.) that the course will meet the needs of your program, if you are a transient student.

ADD Course Listed Here

NOTE: Time conflicts will not be permitted

DROP Course Listed Here:

Course Name and Section Number

Synonym Number

Audit

This form must be processed within five business days of the instructor's signature date.

Course Name and Section Number

Instructor's Signature \_\_\_\_\_

I verify that I have discussed the prerequisite requirements with the student

Date (Required): Signature **must** be dated by the instructor only

[Date Grid]

Prerequisite/22 Credit Hour or More Permission: Prerequisite Permission For First and Second Quarter Students **ONLY** Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Required: To be dated only by person signing for permission

Dean/Chairperson//Chairperson Designee/Advisor/ Telephone Information Center

FOR OFFICE USE ONLY: Circle one: Day course begins: M T W TH F S SU  Web  Hybrid

Term of course:  Full Term  First Term  Second Term  First 4-Week  Second 4-Week  8-Week  Flex

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Course Name and Section Number

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I verify that I have discussed the prerequisite requirements with the student

Date (Required): Signature **must** be dated by the instructor only

[Date Grid]

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