# Registration Add/Drop Form

**Effective February 2016**

**Return form to:**
- Columbus Campus: Student Central - Upper Level, Madison Hall •
- Regional Learning Centers

## Date: _____/ _____/ _____

**Location:**  Student Central  -  Delaware Campus  -  Regional Learning Centers  -  TIC

**Reason for Course Permission:**

**Processed By:**

**To be dated only by person signing for permission**

### ADD COURSE LISTED HERE

<table>
<thead>
<tr>
<th>Course Name and Section Number</th>
<th>Synonym Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor:</td>
<td>Print Name</td>
</tr>
<tr>
<td>Signature</td>
<td>M M D D Y Y</td>
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**Prerequisite/19 Credit Hour or More Permission/Section Change:**
- Prerequisite Authorization (PA)
- Prerequisite Override (PO)
- Conditional Registration
- 19+ Credit Hours

**Signature of Required College Employee:**

**To be dated only by person signing for permission**

### DROP COURSE LISTED HERE

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**Prerequisite Authorization (PA)**
- No further current semester prerequisite checking and no deregistration for prerequisites not met.
- Dean/Chairperson/Chairperson Designee/Advisor/TIC

**Prerequisite Override (PO)**
- No further current semester prerequisite checking and no deregistration for prerequisites not met.
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**Conditional Registration**
- Further current semester prerequisite checking and possible deregistration for prerequisites not met.
- Dean/Chairperson/Chairperson Designee/Advisor/TIC
- Allows entry into course with an ‘N’ - New or ‘A’ - Add status

**19+ Credit Hours**
- Advisor

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### FOR EMPLOYEE USE ONLY

| Date Signed (Required):  ____/____/____ |

**COUGARID NUMBER (REQUIRED):**

**STUDENT SIGNATURE (REQUIRED):**

**COUGARID NUMBER (REQUIRED):**

**STUDENT SIGNATURE (REQUIRED):**

**Semester/Year:**
- Autumn  _____
- Spring  _____
- Summer  _____

**Return form to:**
- Columbus Campus: Student Central - Upper Level, Madison Hall •
- Regional Learning Centers

**Reason for Course Permission:**

**Processed By:**

### ACCIDENTLY DROPPED COURSE

This form must be processed within five (5) business days of the instructor's signature and date.

**Instructor Date (Required):**

**Signed by:**

**Date Signed (Required):  ____/____/____**

**Accidently Dropped Course**

By signing the Registration Add/Drop Form, you agree to certain conditions that may result by the processing of this form. Students may incur an Application, Records, and ID Fee per College Policy 7-06. You agree to pay all fees associated with registration, residency, late registration and course withdrawals. Students are responsible to ensure that all tuition, fees and fines are paid before the deadline. If the instructor's signature that is required for permission to register is not dated or the date of the instructor's signature or instructor's e-mail is older than five business days, the form and registration will not be processed.