Please read instructions before completing form

THE OHIO STATE UNIVERSITY

COURSE ENROLLMENT PERMISSION

Name: Last	First	Middle Initial	Student ID -- or- Name.#	Program	Plan/Major

Sem/Yr	Department	Course Number	Credit	Class Number	Instructor

Reason:	Co-requisite class number

Type of request:

- ☐ A. Waive Prerequisite Requirements
- ☐ B. Enter a Course Requiring Permission
- ☐ C. Override the Limit and Enter a **Full** Section
- ☐ D. Schedule the Class with a Time Conflict
- ☐ E. Add the Course [1st Date of Attendance:_____]

During the 2nd Week, **Instructor** and **College Office** signatures are required; Beginning the 3rd Week, **Instructor**, **College Office** and **Department** signatures are required.

- ☐ F. Audit
- ☐ G. Repeat the Course for Audit
- ☐ H. Repeat the Course for a Grade
- ☐ I. Pass/Non-Pass Options (Undergraduates Only)
- ☐ J. U Option
- ☐ K. Raise Total Registration Maximum to _____ Credits
- ☐ L. Drop the Course [Last Date of Attendance:_____]

_____
Student's Signature **Date**

INSTRUCTIONAL UNIT APPROVAL(S)

For Items A through F

_____
Instructor's Signature **Date**

_____
Please Print OSU ID (name.#)

For Item E after the 2nd Friday of the Semester

_____
Department Chairperson/Designee's Signature **Date**

_____
Please Print OSU ID (name.#)

OFFICE USE ONLY

ENROLLMENT UNIT APPROVAL(S)

For Items E through L

_____ _____ _____
Dean/Director/Designee's Signature **Date** **Advisor's Recommendation**

_____
Please Print OSU ID (name.#)

Special Processing	Initials	Date

INSTRUCTIONS TO THE STUDENT

1. Complete top portion of form with all information requested, including your signature.
2. Obtain the appropriate signature(s) on the bottom portion of the form, corresponding to the letter of the box you checked on the top portion.

   INSTRUCTOR'S SIGNATURE needed for items **A through F.**
   DEPARTMENT CHAIRPERSON/DESIGNEE'S SIGNATURE needed for item **E** after the 2nd Friday of the Semester.
   DEAN/DIRECTOR/DESIGNEE'S SIGNATURE needed for items **E through L.**
   ADVISOR'S SIGNATURE needed for items **E through L** on the Advisor Recommendation line, unless specifically waived by your college office.
3. Once the appropriate signatures are obtained,
   SUBMIT THIS FORM TO YOUR COLLEGE OFFICE FOR APPROPRIATE ACTION.
   DO NOT SUBMIT TO THE REGISTRAR'S OFFICE DIRECTLY. THE REGISTRAR'S OFFICE CAN ONLY ACCEPT THIS FORM FROM THE COLLEGE OFFICE. IF THE FORM COMES TO THE REGISTRAR'S OFFICE FROM THE STUDENT, IT WILL RESULT IN SIGNIFICANT DELAYS IN PROCESSING.

INSTRUCTIONS FOR INSTRUCTOR, DEPARTMENT AND ENROLLMENT UNIT

1. Initial the box indicating your concurrence with the request, if you are not processing the action.
2. Draw a single line through any unused or unauthorized permission.
3. Enrollment Units: Indicate any special handling regarding Fee Re-assessment or marks.

Form 9292 – Rev 05/2012