COURSE REQUEST and SEMINAR REQUEST FORM

PLEASE PRINT

RO-13 Rev 080209

THE UNIVERSITY OF TOLEDO 1872

Office of the Registrar
Rocket Hall, Room 1100
Mail Stop #322
Toledo, OH 43606-3390
Phone: 419.530.4844
Fax: 419.530.4828
registrar@utoledo.edu

STUDENT ID NUMBER: R

NAME: _____
Last First Middle

Year **Term**

10 = Spring
30 = Summer
40 = Fall

If Summer, please indicate session:
☐ Session 1 ☐ Session 3
☐ Session 2 ☐ Session 4

Parking: Do you need parking?
☐ Yes ☐ No

Action (R)equest (D)rop	CRN	Subject Code	Course Number	Section Number	Credit Hours	AU (Audit)	Title of Course	Instructor/Adviser Authorization	
Example: *R*	*13811*	*MATH*	*1150*	*002*	*4.0*		*Intro to Math*	Instructor/Adviser **Signature and Date**	Please check the appropriate permission:
									❑ CAP ❑ REQOVR ❑ TIME ❑ PERMIT
									❑ CAP ❑ REQOVR ❑ TIME ❑ PERMIT
									❑ CAP ❑ REQOVR ❑ TIME ❑ PERMIT
									❑ CAP ❑ REQOVR ❑ TIME ❑ PERMIT
									❑ CAP ❑ REQOVR ❑ TIME ❑ PERMIT

CAP—Max enrollment for course override
TIME—Time conflict override
REQOVR—Pre-req or co-req override
PERMIT—Enroll in course requiring faculty approval

THIS SECTION TO BE COMPLETED BY INSTRUCTOR ONLY
SEMINAR COURSE REGISTRATION ONLY — INSTRUCTOR SIGNATURE REQUIRED

								Instructor Signature & Date
Seminar 1								
Seminar 2								

Specialty Title:
Seminar 1 *(if needed)* _____
maximum of 32 characters
Instructor's Name: _____ **Subtitle Code:** ☐
please print

Specialty Title:
Seminar 2 *(if needed)* _____
maximum of 32 characters
Instructor's Name: _____ **Subtitle Code:** ☐
please print

Subtitle Codes
71 = WAC
85 = Study Abroad
91 = HON
92 = WAC and HON

Please verify your requests against the computer generated invoice/course schedule. Any errors should be brought to the attention of the Registrar's Office immediately. Once a student registers for courses, he/she is responsible for all fees. Payment of fees is due by the specified due dates. Accounts must be kept current in order to maintain enrollment eligibility and receipt of official University documents and services. Failure to pay all fees due may result in deregistration of your current and future courses, collection activity and our filing a report with credit agencies.

MY ADVISER AND I have mutually agreed upon the recommended course(s) selection. I have satisfactorily completed the prerequisite(s) for the course(s) listed above. I am fully aware that I am ultimately responsible for fulfillment of all degree requirements.

College Dean's signature required for late registration after add/drop period.

Student's Signature Date

Dean's Signature *(if needed)* Date