

COURSE REQUEST and SEMINAR REQUEST FORM



PLEASE PRINT

RO-13 Rev 081013

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

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Name: _____ **Phone:** (____) _____

Last First Middle Initial

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 10 = Spring

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 30 = Summer
 40 = Fall

Year **Term**

NOTE: If you are dropping one class and replacing it with another, the transaction must occur on the same day to avoid drop fees.

REGISTRATION OVERRIDE OPTIONS

CAP—Max enrollment for course override *by Instructor*
TIME—Time conflict override *by Instructor*
LEVEL—Allow access to different level *by Advisor*
REQOVR—Pre-req or co-req override *by Advisor/Instructor*
PERMIT—Enroll in course requiring *Instructor* approval

Action <small>(Request/Drop)</small>	CRN	Subject Code	Course Number	Section Number	Credit Hours	AU <small>(Audit)</small>	Title of Course	REQUIRED AUTHORIZATION Please authorize the appropriate override as indicated above.	
Example: R	13811	MATH	1150	002	4.0		Intro to Math	Appropriate Authorization Signature and Date	Registration Override Options Please check appropriate box.
									<input type="checkbox"/> CAP <input type="checkbox"/> REQOVR <input type="checkbox"/> TIME <input type="checkbox"/> PERMIT <input type="checkbox"/> LEVEL
									<input type="checkbox"/> CAP <input type="checkbox"/> REQOVR <input type="checkbox"/> TIME <input type="checkbox"/> PERMIT <input type="checkbox"/> LEVEL
									<input type="checkbox"/> CAP <input type="checkbox"/> REQOVR <input type="checkbox"/> TIME <input type="checkbox"/> PERMIT <input type="checkbox"/> LEVEL
									<input type="checkbox"/> CAP <input type="checkbox"/> REQOVR <input type="checkbox"/> TIME <input type="checkbox"/> PERMIT <input type="checkbox"/> LEVEL

THIS SECTION SHOULD BE COMPLETED BY INSTRUCTOR ONLY.

For Seminar Request and Independent Study Courses not listed in the course schedule.

									Instructor Signature & Date	PRINT Name
Seminar 1 Information										
Seminar 2 Information										

If needed, please use the area below for course title/subtitle code and printed instructor name.

Specialty Title: _____ <small>Seminar 1 (if needed) maximum of 32 characters</small>	Subtitle Code: <input style="width: 50px; height: 20px;" type="text"/>	Subtitle Codes 71 = WAC 85 = Study Abroad 91 = HON 92 = WAC and HON
Instructor's Name: _____ <small>please print</small>		
Specialty Title: _____ <small>Seminar 2 (if needed) maximum of 32 characters</small>	Subtitle Code: <input style="width: 50px; height: 20px;" type="text"/>	
Instructor's Name: _____ <small>please print</small>		

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 ADVISOR 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