COURSE REQUEST — ADD / DROP

University of Toledo Policy Number 3364-71-08

Form RO-13   Rev 2021Feb

| | | | | 10 = Spring |
|Year| |Term| |30 = Summer|
| | | | |40 = Fall|

Rocket ID: R _____

Phone: _____

Student: _____
Last Name   First   MI

Use this form to make registration changes during the add/drop period for each part of term. Adding a course after the 15th day of the full term (inclusive) requires the instructor's signature as well as the Dean or designee from the **student's college office**. Add/drop dates will be prorated for summer and parts of term less than the full semester.

TAKE FORM TO ROCKET SOLUTIONS CENTRAL IN RH 1200 or STUDENT SERVICE CTR MULFORD LIBRARY 1st Fl.

WAITLISTING: Courses with a waitlist cannot be given a CAP override on this form until the first day of the term. Use the myUT portal to waitlist a course.

SCHEDULE CHANGES: When dropping a course and adding another, **use the same form** and **submit at the same time** to avoid additional fees.

All Signatures on this form expire after 10 days.

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

I understand that my failure to meet my financial obligations with the University of Toledo may result in the Registration Cancellation process (classes dropped). I understand that **if I elect NOT to attend The University of Toledo**, I am responsible for dropping/withdrawing myself from all the courses I selected by the dates posted on the Office of the Registrar's web page.

I further agree to pay any fees, fines, or penalties added to my student account, **as outlined in the finance brochure at http://www.utoledo.edu/offices/ treasurer/finance_brochures.html**, which are related to my attendance at The University of Toledo during this period, including but not limited to: parking fees or fines, legal services, telephone services, medical expenses, health insurance, or other University charges. I understand that failure to pay by the appropriate due date may result in the University filing an unfavorable report with credit bureaus or forwarding my account to the Ohio Attorney General's Office for collection.

I authorize the University of Toledo and its respective agents and contractors to contact me regarding my student account and any other financial obligation to the University of Toledo at the current or any future number that I provide for cellular or other wireless device using automated dialing equipment or artificial prerecorded voice or text messages.

Student signature required to process form.

College approval required to add after 15th day of part of term.

_____   _____
Student's Signature   Date

_____   _____
Dean's Signature (Expires after 10 days)   Date

Action R = Add D = Drop	CRN	Subject Code	Course Number	Section Number	Credit Hours	AU (Audit)	REQUIRED AUTHORIZATION — Please authorize the appropriate override. Do not sign without indicating the override option.	
							Registration Override Options Please check appropriate box.	**Instructor Signature and Date** SIGNATURES EXPIRE AFTER 10 DAYS—Submit form timely
R	*13811*	*MATH*	*1150*	*002*	*4.0*			
							☐CAP ☐TIME ☐LEVEL ☐REQOVR ☐PERMIT	Date:
							☐CAP ☐TIME ☐LEVEL ☐REQOVR ☐PERMIT	Date:
							☐CAP ☐TIME ☐LEVEL ☐REQOVR ☐PERMIT	Date:
							☐CAP ☐TIME ☐LEVEL ☐REQOVR ☐PERMIT	Date:
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							☐CAP ☐TIME ☐LEVEL ☐REQOVR ☐PERMIT	Date: