•	COURSE REQUE	ST — ADD / DROP		
II	University of Toledo Policy Number 3364-71-08	Form RO-13 Rev 2019Jan	For Office Use Only	
	Year 10 = Spring 30 = Summer 40 = Fall		Processed By:	
Rocket ID:	R	Processed Date:		
Student:	Last Name First	MI		
requires the instruc	ake registration changes during the add/drop perio	od for each part of term. Adding a course after the 15th day om the student's college office . Add/drop dates will be p		
TAKE FORM T	O ROCKET SOLUTIONS CENTRAL IN	N RH 1200 or STUDENT SERVICE CTR MULI	FORD LIBRARY 1st Fl.	

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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 and subsequently fail to drop/withdraw myself from all the courses I selected by the dates identified at http://www.utoledo.edu/offices/registrar/registration dates.html, I will be assessed a non-refundable administrative fee of \$500.00 once my non-attendance has been verified and an administrative drop is processed.

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.	
R	13811	MATH	1150	002	4.0		Registration Override Options Please check appropriate box.	Instructor Signature and Date SIGNATURES EXPIRE AFTER 10 DAYS—Submit form timely
							□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: