

# ENROLLMENT FORM

Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ CSU ID# \_\_\_\_\_

Today's Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ College of Study \_\_\_\_\_  Graduate  Undergrad **TERM** **YEAR: 20** \_\_\_\_\_

- Fall  
 Spring  
 Summer

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Courses to be **Added**: (Please complete ALL boxes)

Class Number	Credit Hours	Subject / Number / Section	Instructor Signature ( mandatory if Permission is required)	Exp. Date	Campus Phone	Permission Required
						<input type="checkbox"/> Class Limit <input type="checkbox"/> Requisite <input type="checkbox"/> Consent <input type="checkbox"/> Time Conflict
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My signature acknowledges I understand and agree that my registration obligates me financially to Cleveland State University for all tuition charges and fees associated with my course enrollment and I acknowledge and accept this obligation. I understand and agree that any refund and/or credit to which I may be entitled will be processed in accordance with applicable University policies and procedures.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Courses to be **Dropped or Withdrawn**:

Class Number	Credit Hours	Department / Number / Section

**\*\*Next Steps\*\***

**You can take your completed form to Campus411 at BH 116 for registration.**

**If after the first week of classes, a Late Add form must be used.**

*For Office Use Only:*

Date Processed: \_\_\_\_\_

Staff Member Initials: \_\_\_\_\_