

SUPERFORM - Course Registration and Enrollment Request

Print clearly in ink.

Personal Information

_____ OSU Student ID -OR- Name.# _____ Birthdate
M M D D Y Y Y Y

_____ Last Name _____ Suffix _____ First Name _____ Middle Name Male Female

_____ Permanent Mailing Address _____ City

_____ State _____ Zip _____ Country _____ Country of Birth

_____ Home Phone _____ Alternative Phone (optional)

Schedule and Advisor Approval

Dept. Abbrev.	Course No.	Credits	Class Number (4 or 5 digits)

OFFICE USE ONLY

Application _____ Adviser OSU ID (name.#) _____

Former req. _____

College: _____ Res _____

Class: _____ Rank _____

Campus: _____ Term: _____

Program Approval _____

Adviser/College Office

Registration Information

Date you began living in Ohio: _____
(Note: If, at any point, you moved out of Ohio and then returned, please indicate your return date)

- Yes No Are you a U.S. citizen?
If no, please indicate your country of citizenship: _____
If no, please specify your Visa type: _____
- Yes No Have you ever registered and paid fees at OSU?
If yes, indicate last quarter & year attended: _____
- Yes No Are you financially self-supporting?
- Yes No Are you financially supported by a person who has resided in Ohio for the past 12 consecutive months and who claimed you as a dependent for income tax purposes in the previous year?
If yes, please indicate the name of the person who claimed you as a dependent: _____
If yes, please indicate the address of the person who claimed you as a dependent: _____
If yes, please indicate the date the person who claimed you as a dependent started living in Ohio: _____
- Yes No If male, aged 18-26, have you registered with the selective service?
If yes, enter your selective service number: _____
- Yes No Are you presently under suspension or dismissal from a college or university (including Ohio State)?
If yes, please attach a statement of explanation.
- Yes No Is your cumulative grade point average a 2.0 or higher on a 4.0 scale for all previous college work?

OFFICE USE ONLY

Date Rec'd _____

Appl Fee Y N W

Residency R N F

Accept Fee Y N W

Desired college, school, division _____ Desired area of study, major _____

Term of expected enrollment: Summer (June) 20 Autumn (Aug) 20 Spring (Jan) 20

Desired campus (check one): Columbus Lima Mansfield Marion Newark ATI-Wooster

I affirm that the information I have provided on this application form and any additional information I submit related to the admission/financial aid process is complete, accurate and true to the best of my knowledge. If applicable, I authorize each high school and each college or school I have attended to release academic information. I agree to submit other materials which are required for an admission application. I agree as a student that I will be subject to The Ohio State University Code of Student Conduct. I understand that furnishing false or incomplete information on any part of this admission material or other related materials may result in cancellation of admission.

Signature _____

Date _____