

Registration Add/Drop Form

OCID (Owens College Identification Number) _____ **Semester/Year** _____

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State/Zip _____

Phone _____

**** ANY ISSUES IN PROCESSING THIS FORM WILL BE SENT TO THE STUDENT'S OWENS EMAIL ACCOUNT. ****

Add (A) Drop (D)	CRN	Subject Code	Course Number	Section Number	Credit Hours	AU (Audit)	Instructor's Printed Name	Instructor Signature/Department Signature	Permission Approved	Date (Required)
									<input type="checkbox"/> Add full class <input type="checkbox"/> Leave class early <input type="checkbox"/> Arrive to class late <input type="checkbox"/> Add after deadline	
									<input type="checkbox"/> Add full class <input type="checkbox"/> Leave class early <input type="checkbox"/> Arrive to class late <input type="checkbox"/> Add after deadline	
									<input type="checkbox"/> Add full class <input type="checkbox"/> Leave class early <input type="checkbox"/> Arrive to class late <input type="checkbox"/> Add after deadline	
									<input type="checkbox"/> Add full class <input type="checkbox"/> Leave class early <input type="checkbox"/> Arrive to class late <input type="checkbox"/> Add after deadline	
									<input type="checkbox"/> Add full class <input type="checkbox"/> Leave class early <input type="checkbox"/> Arrive to class late <input type="checkbox"/> Add after deadline	
									<input type="checkbox"/> Add full class <input type="checkbox"/> Leave class early <input type="checkbox"/> Arrive to class late <input type="checkbox"/> Add after deadline	

Financial Agreement Confirmation

In accordance with Ohio Revised Code, by signing below, I understand that I am financially responsible for all tuition, fees, interest, expenses and collection costs incurred. In the event that I never attend classes, stop attending classes or withdraw after the refund deadline, I agree that I am responsible for payment of all tuition, fees, interest, expenses and collection costs incurred. All student bill and Deferred Payment Plan reminders will be sent to the student's Omail. In an effort to best use our resources, Owens Community College does not send paper bills. Please check Account Summary by Term through Ozone for the amount due for any semester of enrollment.

I acknowledge that it is my responsibility to read, understand and adhere to all College Policies and Procedures. I also understand my rights covered under the Family Education Rights and Privacy Act (FERPA).

Student Signature _____ **Date** _____

Advisor's Printed Name _____

Advisor Signature _____ **Date** _____

FAX: (567) 661-2101 E-MAIL: oserve@owens.edu

