

Semester/Year

COURSE RESERVATION

Coppin State University
Office of Records and Registration
2500 W. North Avenue
Baltimore, MD 21216

Date Processed _____ Processed By _____

STUDENT ID NUMBER		PLEASE PRINT: NAME- Last, First & M.I.				MAJOR/MINOR	
PLEASE PRINT ADDRESS-STREET, CITY STATE & ZIP CODE		TELEPHONE HOME		CELLULAR		BUSINESS	
IS THE ABOVE ADDRESS NEW? YES ___ NO ___		SEX M ___ F ___	DATE OF BIRTH ___/___/___	VET STATUS VET ___ NON-VET ___	ETHNIC GROUP (REQUESTED FOR FEDERAL REPORTING): Are you of Hispanic or Latino origin? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Yes ___ No ___ What is your race? Select one or more of the following categories: ___ American Indian or Alaska Native, ___ Asian, ___ Black or African American, ___ Native Hawaiian or other Pacific Islander, ___ White		
DISC. CODE <i>Ex. ENGL</i>	COURSE NO. <i>Ex. 101</i>	SECT. NO. <i>Ex. 001</i>	CREDIT HRS. <i>Ex. 3</i>	COURSE TITLE			
Undergraduate students must obtain permission from the Registrar to take over the maximum number of allowed credits. Graduate students must obtain permission from the Dean for the School of Graduate Studies. The maximum number of credits allowed for undergraduate is 18 and 12 for graduate. Permission will not be granted for more than 2.1 undergraduate credits. Undergraduate students must have a 3.0 or higher grade point average to be eligible. By signing this form, I hereby promise to pay tuition and fee charges for each of the above course(s) in which I have been admitted, regardless of whether I attend the course(s) or receive financial aid. I also understand that it is my responsibility to drop my classes in accordance with the procedures outlined in the University's on-line Registration Information each semester and that I must follow the procedures in the Registration Information for obtaining refunds. It is my responsibility to meet with my advisor prior to submitting this document to the Office of Records and Registration for processing prior to the published registration deadline.		NO. OF CREDITS HOURS APPROVED		REGISTRAR'S SIGNATURE _____			
				STUDENT'S SIGNATURE _____		DATE _____	
				ADVISOR'S SIGNATURE _____		DATE _____	

Revised: May 2010

ORIGINAL: REGISTRAR PINK COPY: STUDENT YELLOW COPY: ADVISOR