



# Central Ohio Technical College

## The Gateway – Student Records

1179 University Drive, Newark, OH 43055  
 Phone: 740-364-9594 ■ Fax: 740-366-9160  
 cotcrecords@cotc.edu

### Course Registration and Schedule Change Form

Submit this form to The Gateway to register for courses or change your schedule. To drop **all** courses, you must complete a **Withdrawal Form**. You must meet with your Academic Advisor prior to changing your schedule. **Warning:** If you receive financial aid, speak with a Financial Aid Advisor prior to adding/dropping as it could negatively impact on your eligibility status.

Last Name	First Name	Middle Name	Student ID
Semester	Program of Study		Catalog Year
	<input type="checkbox"/> Landline		<input type="checkbox"/> Landline
	<input type="checkbox"/> Mobile		<input type="checkbox"/> Mobile
Primary Phone	Secondary Phone		

Add	Drop	Course Subject/Number/Section <i>(ex. ENGL-112-A)</i>	Waitlist (Y/N)	Audit (Y/N)	Meeting Days/Times
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

*I understand that I must have tuition fees paid according to the published fee payment deadline or I must make arrangements with Fees and Deposits. If not, I may be dropped from classes, may be unable to reregister for my original schedule and may be assessed additional fees.*

Student Signature	Date
Advisor Signature	Date

**Gateway Use Only:** CRI Code RGCREGCD added with status of "Not Reviewed"  *(only for when form not processed upon receipt)*

**STNA/MCDE** Info Provided

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

**For PA/PN Usage:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_