



COPPIN
STATE UNIVERSITY
EST. 1900

Office of Records and Registration

2500 West North Ave., Baltimore, MD 21216

Phone (410) 951-3700 Fax (410) 951-3701

Semester/Year

COURSE RESERVATION

Date Processed _____ Processed By _____

STUDENT ID NUMBER		PLEASE PRINT: NAME- Last, First & M.I.			DATE PREPARED	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			
The credit maximum per semester for undergraduates is 18. Records and Registration can grant permission for 19+ credits if the student has at least a 3.0 GPA but not to exceed 21 credits. Students below a 3.0 GPA must seek special permission from Academic Affairs to enroll in 19+ credits. The credit maximum per semester for graduate students is 9. Special permission may be granted from the Dean of School of Graduate Studies to increase to 12.				NO. OF CREDITS HOURS: <input type="text"/>			
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.				STUDENT'S SIGNATURE _____ DATE _____			

Revised: November 2025