

CASE WESTERN RESERVE UNIVERSITY

DROP/ADD FORM

Last Name: _____ First Name: _____ ID#: _____

Term:
 Fall 20__ Spring 20__ Summer 20__

DROP	ADD	CLASS NBR	CLASS	Audit	Pass/No Pass* (if applicable)	CR HRS	INSTRUCTOR
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12345	ECON 102			3.0	Smith, R
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
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<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 agree to pay all tuition charges and other fees associated with my registration. I understand that I will be automatically billed for the CWRU Medical Plan during the fall and spring semesters unless I waive the Plan on or before the waiver deadline date (end of drop/add).

ADVISOR SIGNATURE	DATE	DEAN'S SIGNATURE	DATE
STUDENT SIGNATURE	DATE	*STUDENTS MUST APPLY FOR PASS/NO PASS AND AUDIT OPTIONS BY THE POSTED DEADLINES.	

All forms must be processed within one week of approval date.