

# CASE WESTERN RESERVE UNIVERSITY

## DROP/ADD FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID#: \_\_\_\_\_

<b>Term:</b> Fall 20__ Spring 20__ Summer 20__	<b>School:</b> <small>(circle one)</small> UG    G    SASS    NURS    LAW    Other: __
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DROP	ADD	CRN	SUBJECT	Audit	Pass/Fail* <small>(if applicable)</small>	CR HRS	DAYS						INSTRUCTOR
<input type="checkbox"/>	<input checked="" type="checkbox"/>	E1021	ECON	102		3.0	M	T	W	R	F	S	Smith, R
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____

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 complete a waiver form within 30 days of the first day of class. I may obtain this form from the University Health Service.

\_\_\_\_\_  
 ADVISOR SIGNATURE or PIN                      DATE                      DEAN'S SIGNATURE                      DATE

\_\_\_\_\_  
 STUDENT SIGNATURE                      DATE                      \*UNDERGRADUATE STUDENTS MUST APPLY FOR Pass/NoPass OPTION  
 IN DEAN'S OFFICE DURING THE LAST WEEK OF CLASSES

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