



Last Name:  First Name:  Term  Year

7 Digit Case ID or Network ID:

DROP/ADD	CLASS NBR	CLASS		AUDIT*	PASS/NO PASS*	UNITS	INSTRUCTOR
<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"/>	<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"/>
<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 terms unless I waive the plan on or before the waiver deadline date (end of drop/add).

Student Signature  Date

Advisor Signature  Date

Dean 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.**