



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="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
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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.