



**CASE WESTERN RESERVE UNIVERSITY**  
**Jack, Joseph and Morton Mandel School of Applied Social Sciences**

*Drop/Add Form*

Last Name:  First Name:  Term  Year

7 Digit Case ID or Network ID:

DROP/ADD	CLASS NBR	CLASS		AUDIT*	PASS/NO PASS*	UNITS	INSTRUCTOR
DROP	12345	ECON	102	<input type="checkbox"/>	<input type="checkbox"/>	3.0	Smith, R.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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.**