Add and/or Drop Request

CAL U

DISCLAIMER: Please download the form, fill out all information, <u>SAVE the form to your computer</u> and then submit your completed application to your Advisor or Department Chair's office.
(Failure to save the form will result in a loss of all typed information)

Last Name: _____ First Name: _____ CWID No: _____

Cal U Email: _____ Phone Number: _____ Date: _____

Do you meet any of the following: Student Athlete ☐ Veteran ☐ International ☐ OSD ☐ TAA ☐ WIOA ☐

***** NOTE: Once you are dropped from a course, in order to be placed back into the course, you must have the Professor's approval*****

CRN #	Process (Circle one)	Admit to Closed Section	Course Title	Course Code (ie: ACC, CDC, FIT)	Course Number	Section Number	Total Credits	Instructors Name
	Drop / Add	Yes / No						
	Drop / Add	Yes / No						
	Drop / Add	Yes / No						
	Drop / Add	Yes / No						
	Drop / Add	Yes / No						

Total # of Credits on Original Schedule: _____ **Total # of Credits AFTER processing:** _____

_____   _____
Student Signature   **Date**

_____   _____
Instructor's Signature   **Date**

Please forward completed, <u>signed</u> forms to academicrecords@calu.edu for processing.

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