## CASE WESTERN RESERVE UNIVERSITY

**DROP/ADD FORM**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>ID#:</th>
</tr>
</thead>
</table>

### Term:
- Fall 20___
- Spring 20___
- Summer 20___

### School:
(circle one)
- UG
- G
- SASS
- NURS
- LAW
- Other: ___

<table>
<thead>
<tr>
<th>DROP</th>
<th>ADD</th>
<th>CRN</th>
<th>SUBJECT</th>
<th>Audit</th>
<th>Pass/Fail* (if applicable)</th>
<th>CR HRS</th>
<th>DAYS</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>E1021</td>
<td>ECON</td>
<td>102</td>
<td></td>
<td>3.0</td>
<td>M T W R F S</td>
<td>Smith, R</td>
</tr>
</tbody>
</table>

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.

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**Advisor Signature** ________________ **Date** ________________

**Dean’s Signature** ________________ **Date** ________________

*UNDERGRADUATE STUDENTS MUST APPLY FOR Pass/NoPass OPTION IN DEAN’S OFFICE DURING THE LAST WEEK OF CLASSES

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