

CASE WESTERN RESERVE UNIVERSITY

DROP/ADD FORM

Last Name: _____ First Name: _____ ID#: _____

Term: Fall 20__ Spring 20__ Summer 20__	School: <small>(circle one)</small> UG G SASS NURS LAW Other: __
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DROP	ADD	CRN	SUBJECT	Audit	Pass/Fail* <small>(if applicable)</small>	CR HRS	DAYS						INSTRUCTOR
<input type="checkbox"/>	<input checked="" type="checkbox"/>	E1021	ECON 102			3.0	M	T	W	R	F	S	Smith, R
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	M	T	W	R	F	S	_____

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.

ADVISOR SIGNATURE	DATE	DEAN'S SIGNATURE	DATE
STUDENT SIGNATURE	DATE	*UNDERGRADUATE STUDENTS MUST APPLY FOR Pass/NoPass OPTION IN DEAN'S OFFICE DURING THE LAST WEEK OF CLASSES	

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