

SPECIAL SESSION ADD/DROP FORM

THIS SECTION TO BE COMPLETED BY STUDENT. PLEASE PRINT IN INK

Term: Fall Spring YEAR: 20 ____

CHICO STATE ID NUMBER: _____ NAME: _____
Last First M.I.

DATE OF BIRTH: ____/____/____ GENDER: M F STUDENT TYPE: Admitted Non-Admitted CLASS LEVEL: Undergraduate Graduate / Post-bac
MM DD YY

ADDRESS: _____
Number Street Room or Apt. City State Zip

LOCAL PHONE: (____) ____-____ CELL PHONE: (____) ____-____ EMAIL: _____

HAVE YOU PREVIOUSLY RECEIVED CREDITS FROM, APPLIED TO, OR ATTENDED CSU, CHICO? No Yes

If yes, and different than shown above, name on student record: _____

Add Drop Add w/Time Conflict Add for Audit REG NUMBER: _____ CLASS: _____ UNITS: _____
Subject Number Section

SERIOUS AND COMPELLING REASON FOR LATE ADD/DROP: _____
See University Catalog for criteria used for evaluating a serious and compelling reason: <http://catalog.csuchico.edu/viewer/12/ACAREGS.html>

** Add and drop deadlines vary depending on start date and length of the course. Refunds are based on the date the drop is requested; no refunds will be issued on or after the fourth day of class regardless of class length. Contact Continuing Education for further details, or visit <http://rce.csuchico.edu/specialsession>.

I acknowledge that I have reviewed the policies associated with this add/drop request. _____ (Student Initials Required)

ORIGINAL SIGNATURES BY APPLICABLE DESIGNEES REQUIRED. PLEASE USE INK. Signatures valid for 10 business days.

INSTRUCTOR: _____
Print Name Signature Date

LAB INSTRUCTOR: _____
Print Name (If different than class instructor) Signature Date

DEPT. CHAIR: _____
Print Name Signature Date

COLLEGE DEAN: _____
Print Name Signature Date

Website: <http://rce.csuchico.edu/specialsession> Phone: 530-898-6105 (leave a clear voice-mail if after-hours) Email: rce@csuchico.edu Rev. 9/15

OFFICE USE ONLY: ____ Confirm Signatures ____ Late Fee (if req'd) Drop Code ____ Ref. Amt \$ ____ Initials ____ Date ____