SPECIAL SESSION ADD/DROP FORM

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

Term: ☐ Fall ☐ Spring YEAR: 20 ___

|___|___|___|___|___|___|___|___|___|    NAME: ______________________________________________________________________________________________

CHICO STATE ID NUMBER                  Last      First     M.I.

DATE OF BIRTH: ______ / ______ / ______    GENDER: ☐ M ☐ F    STUDENT TYPE: ☐ Admitted ☐ Non-Admitted    CLASS LEVEL: ☐ Undergraduate ☐ Graduate / Post-bac

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 _______