

WINTER SESSION 2020 ADD/DROP FORM

CHICO STATE ID NUMBER (IF AVAIL.) _____ 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/19/ACAREGS.html>

STUDENT ACKNOWLEDGEMENT: I understand that: 1) my enrollment or drop is not finalized until completed Add/Drop Form with all required signatures is submitted to Continuing Education with payment in full; and 2) I am responsible for reading and understanding the deadline, refund policies, and late fees posted at rce.csuchico.edu/specialsession/winter prior to submitting this form.

I acknowledge that I have reviewed these policies: _____ (student initials required)

- SIGNATURES NEEDED:**
- After 1st day of class all add/drops or any add needing special permission/override.
 - January 3-6: Instructor permission required for all add/drops. A \$10 late fee applies.
 - Beginning January 7: Instructor, Chair & Dean signatures required for all add/drops. A \$10 late fee applies.

*Original signatures by applicable designees required. Please use ink. Signatures valid for 10 business days.

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

INSTRUCTOR: _____
Print Name Signature Date

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

DEPT. CHAIR: _____
Print Name Signature Date

COLLEGE DEAN: _____
Print Name Signature Date