OPEN UNIVERSITY ADD/DROP FORM

CHICO STATE ID NUMBER (IF AVAIL.) NAME: ____________________________________________ Last First M.I.

DOB: ______/______/____ GENDER: ☐ M ☐ F ADMITTED STUDENT? ☐ Yes ☐ No BENEFITTERED CSU EMPLOYEE? ☐ Yes ☐ No CLASS LEVEL: ☐ Undergrad ☐ Grad / Post-bac

ADDRESS: ________________________________________________________________

Number Street Room or Apt. City State Zip

LOCAL PHONE: (____) ______-_______ CELL PHONE: (____) ______-_______ EMAIL: __________________________

☐ Add ☐ Drop ☐ Add w/Time Conflict ☐ Add for Audit REG NUMBER: _____________ CLASS: _____________ UNITS: _____________

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

STUDENT ACKNOWLEDGEMENT: I understand that: 1) enrollment is not finalized until completed Add Form with all required signatures is submitted to Continuing Education with payment in full; 2) I am responsible for reading and understanding the deadline, refund policies, and late fees posted at rce.csuchico.edu/openu prior to enrollment; and 3) CSU, Chico will accept no more than 24 units of Open University coursework towards an undergraduate degree or 9 units towards a graduate degree. I acknowledge that I have reviewed these policies:

Signature: __________________________ Date: __________________________

SIGNATURES NEEDED:
☐ Instructor signature required for all adds. ☐ All adds under the College of Engineering or College of Business require dept. chair signature.
☐ After 4th Friday of Term: instructor, dept. chair & dean. ☐ If you have been academically disqualified or denied admission, instructor, dept. chair and a representatives signature from the following office below are all required at any time.
☐ Undergraduate: Disqualified, visit Undergraduate Academic Advising in SSC 220. Denied Admission, visit the Admissions Office in SSC130.
☐ Graduate: Disqualified, visit the Graduate Studies Office SSC 460. Denied, visit the department’s graduate coordinator in which you were denied ☐ 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

ADVISOR/COORD. (see above guidelines) Print Name Signature Date

COLLEGE DEAN: Print Name Signature Date

Office Use Only:
☐ Signatures _______ Ref. Amt
☐ $ ____________
☐ Drop Code _________ Late Fee (if req’d)

Website: http://rce.csuchico.edu/openu Phone: 530-898-6105 Email: rce@csuchico.edu

CSU, Chico, Level 1-Confidential Rev. 09/18/18
OPEN UNIVERSITY ELIGIBILITY & ENROLLMENT REQUIREMENTS

This information must be completed once per term. If enrolling in more than one class in a term, you only need to complete it once.

A. All Students Must Complete The Following Section:

- Are you currently admitted or authorized to enroll as a CSU, Chico student? [ ] Yes [ ] No (If yes, you are not eligible to enroll through Open University.)
- Did you attend, for at least three years, a high school or college in which English was the primary language of instruction? [ ] Yes [ ] No
- If no, did you bring documentation of your English Proficiency Test? [ ] Yes [ ] No
  (Accepted documents are: TOEFL PBT (Undergrad 500 or Grad 550); TOEFL iBT (Undergrad 61 or Grad 80); IELTS (Undergrad 6 or Grad 6.5); Pearson (Undergrad 47 or Grad 59))
- Have you lived in the U.S. for the preceding three years? [ ] Yes [ ] No
  If no, did you bring a Tuberculosis test verification? [ ] Yes [ ] No
- All applicants who were born after January 1, 1957 must have proof of MMR (measles, mumps, rubella) immunizations, regardless of citizenship.
  Were you born after January 1, 1957? [ ] Yes [ ] No
  If yes, have you been immunized against MMR? [ ] Yes [ ] No
- Citizenship status: [ ] U.S. Citizen [ ] Non-U.S. Citizen (if non-U.S. citizen, you must complete section B)

B. Non-U.S. Citizens Must Complete The Following Section:

1. Student or Exchange Visa Holders: Continuing Education is authorized to enroll F-1 and J-1 Visa holders who can establish that they are maintaining their respective non-immigrant status with their sponsoring universities or institutions. Open University students are not considered to be full-time matriculated students for immigration purposes.

2. Documents: Be prepared to present one of the following documents at time of registration.
   a) Immigrant status: Permanent Resident Card# ____________________________
   b) Refugee or asylum applicant status: copy of the I-94 document. Admission# ____________________________
   b) Other non-immigrant status: Visa type: ____________________________ Admission #: ____________________________ Passport #: ____________________________
   c) Student status: F-1 or J-1 Visa and your passport. You are required to have the DSO (Designated School Official) or RO (Responsible Official) fill in the box below.

   To be completed by DSO for F-1 or RO for J-1 Visa students:
   Student status: F-1 Visa, SEVIS ID# ____________________________ or J-1 Visa, SEVIS ID# ____________________________
   Passport# ____________________________
   At what University / institution is the student admitted? ____________________________ Number of units ______ Quarter or Semester? ______
   Authorization by the DSO or RO at that University / institution is required:
   ____________________________ ____________________________ ____________________________ ____________________________ ____________________________
   ____________________________ ____________________________ ____________________________ ____________________________ ____________________________
   ____________________________ ____________________________ ____________________________ ____________________________ ____________________________
   ____________________________ ____________________________ ____________________________ ____________________________ ____________________________
   ____________________________ ____________________________ ____________________________ ____________________________ ____________________________
   Printed Name ____________________________ Signature ____________________________ Date ____________________________
   Phone: (______) ____________________________ Email: ____________________________

3. Undocumented Resident:

   I certify that I am eligible to take classes due to: [ ] AB 540 Affidavit [ ] Other ____________________________

C. Certification:

I certify that the information in section A and, if applicable, section B is true and correct.

Signature: ____________________________ Date: ____________________________