

# SUMMER ADD/DROP FORM

Chico State ID Number (If Avail.) \_\_\_\_\_ Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: MM DD YY Gender: M F Non-binary/Other \_\_\_\_\_ Class Level: Undergraduate Graduate / Post-bac

Have You Previously Received Credits from, Applied To, Or Attended CSU, Chico? No Yes *If yes, known as a different name than above*

Address: Number \_\_\_\_\_ Street \_\_\_\_\_ Room or Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I want to: Add Drop Add w/Time Conflict Add for Audit **CLASS NUMBER:** \_\_\_\_\_ **CLASS TITLE:** \_\_\_\_\_

Subject Number Section Units

Add Drop Add w/Time Conflict Add for Audit **CLASS NUMBER:** \_\_\_\_\_ **CLASS TITLE:** \_\_\_\_\_

Subject Number Section Units

**SERIOUS AND COMPELLING REASON FOR LATE ADD/DROP:**

See the [University Catalog](#) under the CSU, Chico Academic Policies and Regulations for criteria used for evaluating a serious and compelling reason.

**STUDENT ACKNOWLEDGEMENT:** I understand that: 1) enrollment or drop is not finalized until completed Add/Drop 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 summer.csuchico.edu prior to enrollment; (3) that I have received approval to drop from a Financial Aid Advisor if I received Summer Aid; and 4) I understand summer courses and their deadlines are much more condensed than regular semester-length courses.

*I acknowledge that I have reviewed these policies:* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED SIGNATURES:** Original signatures of applicable designees required. See approval schedule on reverse side. Signatures valid for 10 business days.

**INSTRUCTOR:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**LAB INSTRUCTOR:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEPT. CHAIR:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**COLLEGE DEAN:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FINANCIAL AID USE ONLY</b> Comments: _____  FA Advisor _____ Date: _____	Amt. Not Covered \$ _____	<b>RCE USE ONLY:</b> ZSA Yes No Form processed for signatures: _____