

WINTER SESSION ADD/DROP FORM

NAME: _____

CHICO STATE ID NUMBER (IF AVAIL.) _____

DATE OF BIRTH: _____ GENDER: M F Other/Non-binary _____

STUDENT TYPE: Admitted Non-Admitted CLASS LEVEL: Undergraduate Graduate/ Postbac

ADDRESS: _____

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/20/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 <https://rce.csuchico.edu/winter/adds-drops> prior to submitting this form.

I acknowledge that I have reviewed these policies:

SIGNATURES NEEDED:

- After 1st day of class all add/drops or any add needing special permission/override.
- January 4-5: Instructor permission required for all add/drops. A \$10 late fee applies.
- Beginning January 6: Instructor, Chair & Dean signatures required for all add/drops. A \$10 late fee applies.

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

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