

WINTER SESSION ADD/DROP FORM *(instructions on page 2)*

NAME: _____

CHICO STATE ID NUMBER (IF AVAIL.) _____

DATE OF BIRTH: _____ MM/DD/YY

GENDER: M F

Other/Non-binary

STUDENT TYPE: Admitted Non-Admitted

CLASS LEVEL: Undergraduate Graduate/ Postbac

ADDRESS: _____

House Number & Street _____ Apt/Unit _____

City _____ State _____ Zip Code _____

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: _____

Subject _____ Number _____ Section _____ 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/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 4-6: 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. 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 _____