Course Add/Drop Form

CONCORDIA UNIVERSITY CHICAGO
Christ at the Center

Term: ☐ Fall 20 ☐ Spring 20 ☐ Summer 20 Class Level: ☐ Undergraduate ☐ Graduate

Name _____ Student ID required H# _____

I understand that it is my responsibility to consult with Student Business Services and Financial Aid prior to submitting my registration form to add or drop courses because an increase or decrease in credit hours may impact my financial aid eligibility, and therefore affect my tuition bill, for which it is my responsibility to pay. Please note all holds impacting registration must be resolved prior to adding courses.

Are you an athlete? ☐ Yes ☐ No **If Yes, please initial the following statement:** I understand that dropping below the required semester hours and/or retaking courses may affect my eligibility during current and future semesters. I have discussed possible ramifications with my Academic Advisor, my coach, and/or Athletic Director. | Student Initials: _____

Are you an F-1 or J-1 international student? ☐ Yes ☐ No **If Yes, please initial the following statement:** I understand that dropping below the required semester hours (only one class may be taken online) may affect my status during current and future semesters. I have discussed possible ramifications with my Academic Advisor and the Designated School Official in International Student Services. | Student Initials: _____

Are you auditing a course? ☐ Yes ☐ No **If Yes, please initial the following statement:** I acknowledge that the exact terms of my participation in class activities will be determined upon agreement with the instructor of the course. Depending on the discipline and the type of the course (e.g., lecture; seminar; studio courses in art, music or theater; physical education courses; lab; independent/directed study; service learning, etc.), my participation may be limited at the discretion of the instructor. Likewise, I acknowledge that I cannot expect to be given a grade and feedback on assignments (e.g., papers, tests, homework, labs, etc.) or to receive individual assistance from the instructor outside-of-class. | Student Initials: _____

Are you receiving military benefits? ☐ Yes ☐ No **If Yes, please initial the following statement:** I understand that adding and/or dropping courses may affect my current certification, and I have discussed possible ramifications with my Academic Advisor and the School Certifying Official (SCO). | Student Initials: _____

Student Signature *(required)* _____ Date _____

Add Course(s) **Note:** Addition of courses may impact your financial aid package and/or bill. **Some courses may require instructor consent or department/discipline chair approval to register; please review course descriptions and obtain signatures as needed prior to submission.

CRN (required)	Subject #	Course #	Course Title	Credits	Audit	Dept/Discipline Approval (if necessary)
					☐	
					☐	
					☐	
					☐	

Drop Course(s) **Note:** Dropping/withdrawing from semester hours may jeopardize your financial aid package, tuition bill, athletic eligibility, visa status, military benefits, and more. Dropping/withdrawing from all courses in the Fall or Spring semester may constitute withdrawal from the university. Please refer to the University Withdrawal policy in the Academic Catalog.

CRN (required)	Subject #	Course #	Course Title	Credits	- Advisor Use Only - Last Date of Participation	
					Date	Initials

Submit completed form to the appropriate office.

Email Academic.Advising@CUChicago.edu, ADPadvising@CUChicago.edu, or GPS.Advisor@CUChicago.edu

Office of the Registrar's USE ONLY Initial Registration Processing:
Credit Change: Before _____ After: _____
Date: _____ Initials: _____

Notes: