

Traditional Undergraduate Course Add/Drop Form



Term: Fall 20____ Spring 20____ Summer 20____ Class Level: FR SO JR SR

Name: _____ | H Number: _____

CUC Email: _____ | Cell phone: _____ | Home phone: _____

Are you an athlete? Yes No *If Yes, please initial the following statement:*
I understand that dropping below 12 semester hours and/or retaking courses may affect my eligibility during current and future semesters and I will need to discuss possible ramifications with my coach and/or Athletic Director. 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: _____

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.

>> Student Signature: _____ | **Date:** _____

ADD COURSE(S) **Note:** Addition of courses may impact your financial aid package; going above the max hours for a term will result in an overload fee per credit hour and requires approval. **Some courses may require instructor consent or department approval to register; please review course descriptions and obtain signatures as needed prior to submission.

CRN	Subject and Course #	Course Title	Credits	Audit	**Instructor Consent/Dept. Approval (if necessary)	Waitlist	Retake	Day/Time or Online
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

DROP COURSE(S) **Note:** Dropping below 12 (15 if you have an Illinois MAP grant) semester hours may jeopardize your financial aid package and eligibility for inter-collegiate athletics. Dropping to 0 credits in the Fall or Spring semester may constitute withdrawal from the university, which is handled through the Office of the Dean of Students.

CRN	Course Prefix and Course #	Course Title	Credits	Drop only if Added to Waitlist Class	- Advisor Use Only - Last Date of Participation	
					Date	Initials
				<input type="checkbox"/> CRN _____		
				<input type="checkbox"/> CRN _____		
				<input type="checkbox"/> CRN _____		
				<input type="checkbox"/> CRN _____		
				<input type="checkbox"/> CRN _____		

SUBMIT COMPLETED FORM TO THE OFFICE OF ACADEMIC ADVISING & STUDY ABROAD
 West Annex 134 | Email academic.advising@CUChicago.edu

OFFICE USE ONLY		
Business Services Pre-Approval: Date: _____ Initials: _____	Academic Advising Initial Registration Processing: Credit Change: Before _____ After _____ Date: _____ Initials: _____ Drop W? <input type="checkbox"/> Stop-Out <input type="checkbox"/> Withdrawal <input type="checkbox"/>	Academic Advising Initial Waitlist Processing: Credit Change: Before _____ After _____ Date: _____ Initials: _____
Registrar's Office rev 4/23		