Traditional Undergraduate Course Add/Drop Form



Registrar's Office | rev 4/23

DROP COURSE(S) Note: Dropping below 12 (15 if you have an Illinois MAP grant) semester hours may jeopardize your financia and eligibility for inter-collegiate athletics. Dropping to 0 credits in the Fall or Spring semester may constitute withdrawal from the universite.		\square SR	\square JR	vel: 🗆 FR 🗆 SO	lass Le	C	0	_ Summer 2	Spring 20	☐ Fall 20	Term:
Are you an athlete? Yes No If Yes, please initial the following statement: understand that dropping below 12 semester hours and/or retaking courses may affect my eligibility during current and future semesters an o 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: acknowledge that the exact lerms of my participation in class activities will be determined upon agreement with the instructor of the course. Depending the man they of the course (e.g., papers, lests), electrons emission studio courses in art, music or theories, I acknowledge that I cannot expect to be given a grade and staggments (e.g., papers, lests), homework, lals, etc.) or to receive individual assistance from the instructor outside-of-class. Success of the interest of the strength of the instructor outside-of-class. I consider that it is my responsibility to consult with Student Business Services and Financial Aid prior to submitting my negistration for forp courses because an increase or decrease in credit hours may impact my financial aid eligibility, and therefore affect my tuition bill, for we expensibility to pay. >> Student Signature Date:				umber:	H Nu						Name:
Lunderstand that dropping below 12 semester hours and/or retaking courses may affect may eligibility during current and future semesters and obsciscus possible ramifications with my coach and/or Athletic Director. Student Initials:		i:	e phone:	nail: Cell phone: Home							CUC Em
acknowledge that the exact terms of my participation in class activities will be determined upon agreement with the instructor of the course. Depending in the property of the course (e.g., lecture; senior; studio courses in art, music or theater; physical education courses; lab; independent/directed stearning, 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 assignments (e.g., papers, tests, homework, labs, etc.) or to receive individual assistance from the instructor outside-of-class. Student initials:	rs and I will need	e semesters	and future		my eligi	y affect	ourses ma	ırs and/or retaking c	g below 12 semester hou	tand that dropping	underst
trop courses because an increase or decrease in credit hours may impact my financial aid eligibility, and therefore affect my tuition bill, for whe responsibility to pay. **Student Signature: Date:	ed study; service and feedback on	dent/directe en a grade i	b; indepena t to be give	ement with the instruct al education courses; lat edge that I cannot expec	pon agree r; physica acknowle	mined u or theate ewise, I	ill be deter art, music (ructor. Lik	n in class activities w ar; studio courses in a e discretion of the insi	t terms of my participatior ourse (e.g., lecture; semina tion may be limited at the	ledge that the exact nd the type of the co etc.), my participa	acknowl cipline an earning,
ADD COURSE(S) Note: Addition of courses may impact your financial aid package; going above the max hours for a term will residently thour and requires approval. "Some courses may require instructor consent or department approval to register; please reservitions and obtain signatures as needed prior to submission. CRN Subject and Course # Course Title Credits Audit "Instructor Consent/Dept. Approval (if necessary) Waitlist Retake Department approval to register; please research to the provide deciding the provided deciding to the provided deciding to the provided deciding to the provided deciding the provided										rses because an in	lrop cour
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SUBMIT COMPLETED FORM TO THE OFFICE OF ACADEMIC ADVISING & STUDY ABROAD				☐ CRN							
West Annex 134 Email <u>academic.advising@CUChicago.edu</u>)AD	Y ABRO							SU	
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Drop W? ☐ Stop-Out ☐ Withdrawal ☐