

Registration (Add/Drop) Form

Registrar's Office

Note: Review the CGU refund policy at www.cgu.edu/studentaccounts for dropping units and/or changing grading status. If you are receiving federal loans or tuition fellowship, the amount of your loan or fellowship may be reduced. Signatures are required to process this form.

Student Information

CGU ID# 254 - _____

Last Name _____ First Name _____

Academic Department _____ Degree Program _____

Semester _____ Year _____

Advisor _____

Add The Following Class(es) To My Schedule. <i>Note that additional tuition may be charged to your student account.</i>											
Campus ex: CGU	Subject	Catalog #	Section	Module	Title	# Units	√ if Audit	Class# (4-digit)	Instructor's First/Last Name	Instructor Initial	

Drop The Following Class(es) From My Schedule. <i>Dropping all of your courses is considered a withdrawal from CGU. If applicable, please check the withdrawal box below and provide a reason for your action.</i>											
Campus ex: CGU	Subject	Catalog #	Section	Module	Title	# Units	√ if Audit	Class# (4-digit)	Instructor's First/Last Name	Instructor Initial	

Withdrawal - Please withdraw me from all my classes. I am withdrawing from CGU for the reason(s) given below:

Change Class Units /Audits Currently On My Schedule.						<i>This section can be used to make changes to class(es) currently on your schedule. Requested changes can include:</i>					
						<ul style="list-style-type: none"> • Change in number of units in a variable unit course • Change from graded to audit • Change from a letter grade to Sat/Unsat grading basis. 					
Campus ex: CGU	Subject	Catalog #	Section	Module	Title	# of Units From - To	Grading Basis Graded-S/U	√ if Audit	Class# (4-digit)	Instructor's Full Name	Instructor Initial

In accordance with the terms specified in the [CGU Bulletin](#), I will pay all applicable tuition and fees due for this term. Please consult the [Academic Calendar](#) for the tuition refund schedule.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Submit Completed Form to Registrar's Office

FOR INTERNAL USE

#REG023 7/17

Registrar's Official Withdrawal or Drop Date (if applicable) _____ Institutional Refund (if applicable) _____%

Financial Aid _____ Date _____ Student Accounts _____ Date _____ NSLDS updated by _____ Date _____ Registrar _____ Date _____