Claremont Graduate University

Registration (Add/Drop) Form

Registrar's Office
160 East Tenth Street, Claremont, CA 91711 ● Ph. (909) 621-8285 ● Fax (909) 607-7285 ● student.records@cgu.edu

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. *Note that additional tuition may be charged to your student account.*

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. *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.*

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. *This section can be used to make changes to class(es) currently on your schedule. Requested changes can include:*
- *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