Please print. Submit completed form to your academic department. NOTE: Review the CGU refund policy at www.cgu.edu/studentaccounts when dropping units. If you are receiving federal loans or tuition fellowship, and drop units, the amount of your loan or fellowship may be reduced. Signatures are required to process this form.

CF510-12/06



Change in Registration Form (Add / Drop)

Date

NAME	T: .				•		STUDEN	emester IT ID #		Year			
First DEPARTMENT				DI	Last EGREE		ACADEMIC ADVISOR						
	OLLOWING (1	1									
Campus (ex: CGU)	Subject Catalog Sec			tion Module 4-di Cla #		Title			# of Units	☑ here if Audit	Instructor Name First & Last Init		
					"				Omto	ruun			
	FOLLOWING					drawal"; please check the v	vithdraw box	below o	& indic	ate the re	eason.		
Campus (ex: CGU)	Subject	Catalog #	Section	Module	4-digit Class #	Title	# of Units			☑ here if Audit	Instructor Name First & Last Initial		
☐ WITH REASON:	IDRAWAL—	I am withd	lrawing fro	m CGUfor t	the reason b	below. Please withdraw me fron	n the classes lis	ted in th	is DRC	OP section.			
	LASS UNITS		ı		I	T				1			
Campus (ex: CGU)	Subject	Catalog #	Section	Module	4-digit Class #	Title		Change # of Units From—To		☑ here if Audit	Instructor First & Last	Name Initial	
									_				
									-				
								_	-				
									-				
Student	t Signatu	ıra 🦠					Date						
	r Signatu											-	
				0	FFICE US	SE ONLY – Do not write b	elow this lin	e.					
TUITION & FEES Institutional Refund%					Entered By				Date				
Federal Refund				%		Office of Student Financing					– Date		
Pro Rata Refund				_ %		Data Services					 Date		
Change Fee						Data Scrvices					- <u> </u>		

Student Accounts