

**CASE WESTERN RESERVE UNIVERSITY**  
DROPI/ADD FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Term: Fall 20__ Spring 20__ Summer 20__
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DROP	ADD	CLASS NBR	CLASS	Audit (if applicable)	Pass/No Pass*	CR HRS	INSTRUCTOR
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12345	ECON 102			3.0	Smith, R
<input type="checkbox"/>	<input type="checkbox"/>						
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I agree to pay all tuition charges and other fees associated with my registration. I understand that I will be automatically billed for the CWRU Medical Plan during the fall and spring semesters unless I waive the Plan on or before the waiver deadline date (end of drop/add).

_____ ADVISOR SIGNATURE	_____ DATE	_____ DEAN/FOUR-YEAR ADVISOR SIGNATURE	_____ DATE
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_____ STUDENT SIGNATURE	_____ DATE	*STUDENTS MUST APPLY FOR PASS/NO PASS AND AUDIT OPTIONS BY THE POSTED DEADLINES.
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**All forms must be processed within one week of approval date.**