Cleveland University
KANSAS CITY
Chiropractic and Health Sciences

OFFICE OF ACADEMIC RECORDS
Course Add/Withdrawal Form

INSTRUCTIONS: COMPLETE FORM, OBTAIN THE NECESSARY SIGNATURES, AND RETURN TO THE OFFICE OF ACADEMIC RECORDS AND SUPPORT.

Student Name: _____Term: _____

Current Tri Level: _____ Today's Date: _____

COURSES TO BE ***ADDED:***

COURSE NAME/NUMBER/SECTION	TOTAL HOURS	COMMENTS

AUDIT COURSES TO BE ***ADDED:***

COURSE NAME/NUMBER/SECTION	TOTAL HOURS	COMMENTS

COURSES TO BE ***WITHDRAWN:***

COURSE NAME/NUMBER/SECTION	TOTAL HOURS	INSTRUCTOR SIGNATURE	FA SIGNATURE

When adding a course, students are responsible for all course requirements established from the first day of the term. A student may withdraw from a course through the end of the 12th week of the trimester (for blocked/accelerated courses the withdrawal date is the end of the 6th week of the course).

Students may withdraw from a course once. After a student has withdrawn from a course, he/she must complete the course the next time he/she enrolls for it, and must receive a grade. There may be an exception when a student withdraws completely from the College. Refer to the College Catalog or Student Handbook for more information on this policy.

I understand that adding or withdrawing from courses may compromise my future financial aid eligibility, my anticipated graduation date, and/or my eligibility to complete the degree program within the maximum period of time allowed. In signing this form I state that I have read, understand, and agree to comply with College academic policies concerning course adds and withdrawals, and that I take full responsibility for any consequences affecting my academic progression which may result from this action.

I further understand that, if adding or withdrawing from courses results in an increase of total hours for which I am registered, I am responsible for paying the balance of tuition due at the Cashier's Office by the deadline indicated in the academic calendar, or I will be withdrawn.

_____ _____
Student Signature Effective Date of Course/Schedule Change

_____ _____
Department Chair/Faculty Advisor Signature Registrar Signature Date

❒ This is a **student-initiated** course change.

❒ This is an **administrative** schedule change.