

Please print. Submit completed form to your academic department.  
**NOTE: Review the CGU refund policy at [www.cgu.edu/studentaccounts](http://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.**



# Change in Registration Form INTERACTIVE FORM (Add / Drop)

NAME \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_  
 STUDENT ID # 254 - \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ DEGREE \_\_\_\_\_ ACADEMIC ADVISOR \_\_\_\_\_

**ADD THE FOLLOWING CLASS (ES) TO MY SCHEDULE:**

Campus (ex: CGU)	Subject	Catalog #	Section	Module	4-digit Class #	Title	# of Units	<input type="checkbox"/> here if Audit	Instructor Name	
									First & Last	Initial

**DROP THE FOLLOWING CLASS (ES) TO MY SCHEDULE:**  
*NOTE: Dropping all of your courses is considered a "term withdrawal"; please check the withdraw box below & indicate the reason.*

Campus (ex: CGU)	Subject	Catalog #	Section	Module	4-digit Class #	Title	# of Units	<input type="checkbox"/> here if Audit	Instructor Name	
									First & Last	Initial

**WITHDRAWAL**— I am withdrawing from CGU for the reason below. Please withdraw me from the classes listed in this DROP section.

**REASON:** \_\_\_\_\_

**CHANGE CLASS UNITS /AUDITS CURRENTLY ON MY SCHEDULE:**

Campus (ex: CGU)	Subject	Catalog #	Section	Module	4-digit Class #	Title	Change # of Units From—To	<input type="checkbox"/> here if Audit	Instructor Name	
									First & Last	Initial
							—			
							—			
							—			
							—			
							—			

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY – Do not write below this line.**

TUITION & FEES			
Institutional Refund	_____ %	Entered By	_____ Date
Federal Refund	_____ %	Office of Student Financing	_____ Date
Pro Rata Refund	_____ %	Data Services	_____ Date
Change Fee	_____ %	Student Accounts	_____ Date