

# Add/ Drop/Course Withdrawal Form

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Term: ☐ FA ☐ SP ☐ Maymester ☐ SU

Term Year: \_\_\_\_\_

**\*\*Please use a different form for each term you are adjusting\*\***

Major/Program: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**IMPORTANT NOTE:** After the published Add/Drop Deadline a student must obtain the dean's signature in order to add a course to their schedule. After the published Add/Drop Deadline and before the Withdrawal Deadline, a "W" grade will be recorded on the student's record/transcript for all withdrawn courses. Undergraduates wishing to take graduate level courses must get approval from Program Director.

Add to schedule/Drop from Schedule	Course Code & Number	Section # or instructor name	Course Title	Credit Hours <small>Must list for tutorials &amp; internships</small>	Instructor print last name and sign giving permission for full courses and waiving prerequisites	Take Pass/Fail <small>must be requested before add/drop deadline</small>
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Course Withdrawal						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Course Withdrawal						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Course Withdrawal						
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Course Withdrawal						

If you were unable to register via the portal please list why:

\_\_\_\_\_

Academic Dean (or Dean's representative) required to add courses after add/drop deadline for the term / Date

RECOMMENDED BUT NOT REQUIRED: Faculty Advisor Signature (or Director of Academic Advising or CCPS Academic Advisor)/ Date

Office of International Affairs (for International Office only)/ Date

**I understand that:**

- By registering for classes at Chatham University, a student incurs a legal obligation to pay applicable charges for tuition & fees. My signature indicates that I accept financial responsibility for each registered course and agree to pay accordingly. If such action is required, I will be liable for all collection fees, attorney fees, and court costs.
- Adding or dropping courses may change my on-campus residency, billing and/or financial aid status especially if this action changes my full or part-time status.
- I am financially liable for any course in which a "W" is recorded and that withdrawing from this course(s) could affect my financial aid.
- In accordance to the Institutional Refund Policy, I will be charged a percentage of the tuition for the course(s) I drop. (Further information can be found in the Chatham University Course Catalog)

I have read and agree with the above Statements of Understanding:

Student Signature

Date

Mail form to: Office of the University Registrar, Chatham University, Woodland Road, Pittsburgh, PA 15232 or Fax to (412)365-1643 or scan and email to registrar@chatham.edu