

# Cleveland State Community College

## Add/Drop/Withdrawal Form

*Please verify all deadlines in the college catalog, schedule of classes and/or on your course syllabus.*

**Procedures:**

1. Complete **Personal Information** in **Section A**.
2. If **Dropping or Withdrawing** from a course(s) complete Section B.
3. If **adding** course(s) **complete Section C**. If you are requesting to add course(s) after the schedule adjustment period, please obtain the signature of each individual instructor and the appropriate Division Dean(s).
4. Complete the **Signature And Date** portion in **Section D** as described in number 3 above.

**Section A**

Name \_\_\_\_\_ Student I.D.# \_\_\_\_\_ Effective Semester \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Do you receive Financial Aid?  Yes  No

Reason for Request \_\_\_\_\_

**Section B – Courses to be Dropped or Withdrawn**

CRN	Subject	Course No.	Sec. No.	Hrs.	Course Title	Instructor's Signature	LDA

**Section C – Courses to be Added**

CRN	Subject	Course No.	Sec. No.	Hrs.	Course Title	Instructor's Signature

Semester hours change from \_\_\_\_\_ to \_\_\_\_\_

**Section D**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Dean (if required) \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid (if required) \_\_\_\_\_ Date \_\_\_\_\_

**– Administrative Use Only –**

Records Office Personnel \_\_\_\_\_ Date \_\_\_\_\_

Business Office Personnel \_\_\_\_\_ Date \_\_\_\_\_

Additional Fees Charged \_\_\_\_\_ Refund Due \_\_\_\_\_ No Refund Due \_\_\_\_\_

Refund Check No. \_\_\_\_\_ Total = \$ \_\_\_\_\_ \$ \_\_\_\_\_ X \_\_\_\_\_ % = \$ \_\_\_\_\_

\$ \_\_\_\_\_ X \_\_\_\_\_ % = \$ \_\_\_\_\_

Comments: \_\_\_\_\_