CHARLESTON SOUTHERN UNIVERSITY

DROP/ADD/WITHDRAWAL FORM

NOTE: To receive veterans benefits, you must contact the CSU Veterans Services Coordinator.

Last Name _____ First Name _____ MI _____

Student Identification Number _____

Telephone: _____

For What Term Do You Request a Schedule Change: YEAR _____

- ☐ Maymester
- ☐ Extended Maymester
- ☐ Summer I
- ☐ Summer II
- ☐ Fall
- ☐ Spring

ARE YOU A STUDENT ATHLETE?

YES ☐ NO ☐

_____

SIGNATURE - Director, Student-Athlete Success

ADD

Code	Course Number	Section Number	COURSE TITLE	CREDITS	Permission to force into full class (chair's initial)	Time Conflict Both Instructors' Initials	

I understand that if I drop or withdraw from courses, I may jeopardize my ability to receive financial aid for the current term and/or future terms.

DROP (Drop/Add Period) or WITHDRAW (AFTER the Drop/Add Period)

THIS SECTION MUST BE COMPLETED AFTER THE LAST DATE OF DROP/ADD

Code	Course Number	Section Number	COURSE TITLE	CREDITS	PROFESSOR SIGNATURE	LAST DATE OF ATTENDANCE	GRADE W

WITHDRAWING DOES NOT AFFECT HOURS

For Office Use Only:

Tuition Hours Before Change (including noncredit courses) ☐

Tuition Hours After Change (including noncredit courses and hours; cannot exceed 18 hours without approval) ☐

NOTE : If you withdraw from any class after the last day to receive a full refund, a withdrawal grade must be assigned. Tuition charges and hours remain. Student-athlete eligibility may be affected.

NOTE : If you take an online class designated for online students only as a student not enrolled in an online major, you need the student major's chair's approval.

Student's Initials _____ Chair's Initials _____

NOTE : If you take **more than 18 hours**, you must have the Dean of your major's approval. There will be an additional charge.

Student's Initials _____ Dean's Initials _____

Regardless of any financial aid for which I have applied, I acknowledge I am responsible for all tuition and fees incurred by this registration, as well as all costs associated with its collection up to 40%. Additionally, I authorize any charges related to my attendance at Charleston Southern University to be placed on my student account.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

OFFICE USE ONLY

DATA ENTRY _____ Initials _____ Date

Revised 4/21

Integrating Faith in Learning, Leading and Serving

White Copy (Registrar)
Yellow Copy (Student)