



NAME: \_\_\_\_\_

CSUB ID#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

TERM:  Fall  Spring  Summer  Winter YEAR: \_\_\_\_\_  
YYYY

LEVEL:  Undergraduate  Graduate  Extension

SIGNATURES/COMMENTS <i>(If Required)</i>						
Course Number	Course Department & Number	Units	Check		Instructor's Name Printed	Approvals, Instructor/Department Signatures, Comments
			Add	Drop		
<i>Example: 82984</i>	<i>COMM 3000</i>	<i>3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Dr. D. Simmons</i>	
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

I am aware of the conditions of this add/drop transaction including any effects on my academic progress, records, and fees.

I agree to abide by the academic, payment & refund policies governing these courses as printed in the CSUB Catalog. If my payment by credit card, check, or financial aid is not paid by the bank, I am still responsible for all course fees. I authorize CSUB's Extended Education and Global Outreach (EEO) to change my record, if necessary, to reflect the above information.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY (INITIAL AND DATE)**

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PROCESSED BY

**NONDISCRIMINATION POLICY**

EUD does not discriminate on the basis of race, color, national origin, sex, physical handicap, or sexual orientation in the educational programs or activities it conducts. Students admitted with physical, perceptual or learning disabilities will be given necessary accommodations provided that their disability has been verified by the CSUB Office of Services for Students with Disabilities (661-654-3360).