

**Concordia University, Irvine, CA
Office of the Registrar**

UNDERGRADUATE **POST-BACC/GRADUATE** **CU ACCELERATE**
ADD/DROP

Semester: Summer Fall Spring

Name: _____ ID# _____ Campus Box#: _____

Email Address: _____ **Please press hard-multiple copies. FAX form to (949) 214-3505**

ADD

DROP

CRN #	Course Number	# of units	CR/AU	Instructor or Div. Chair Approval	CRN #	Course Number	# of units	Instructor Approval	Class Start/End Dates
Comments:					Comments:				

Note: Courses can be dropped without record of enrollment during the first two weeks for full term courses and during the first week for shorter terms; thereafter, courses can be dropped with a “W.” **NO COURSES MAY BE DROPPED AFTER THE WITHDRAWAL DEADLINE.**

Required Signatures:

1. Advisor and Student signatures are needed before the Add or Drop can be processed.
2. Classes can **ONLY be added** during the first week with instructor and advisor approval.
2. Instructor signatures are required for each class **dropped** after the **first** week of the term.
3. Closed classes require instructor and/or division chair approval.

I understand that this is my final registration and I will be responsible for all charges associated with these courses. *Failure to make payment will result in a financial hold. This will prevent registration for succeeding semesters, access to any grades, official and unofficial transcripts and any correspondence of verification of education from Concordia University. Further, I understand that, If CUI is unable to obtain payment your account will be turned over to a collection agency. I will also be responsible for all collection agency fees and any other fees incurred by Concordia University in efforts to collect on this amount. Further, I understand that a failing grade may be issued if I do not officially drop/withdraw from classes.*

- Students should not assume that the University will drop them for non-payment of fees or for non-attendance. In addition, students must drop/withdraw from classes by the published deadlines to avoid charges or to be eligible for a full or pro-rated refund. Please visit www.cui.edu/bursar for more information about our refund policy.

Student Signature: _____ **Date:** _____ **Academic Advisor:** _____ **Date:** _____

Number of Total Units (after change): _____ **Office of the Registrar:** _____ **Date:** _____