CONCORDIA UNIVERSITY
WISCONSIN & ANN ARBOR

Schedule Change Form
(Drop/Add/Audit)

Semester/Year: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Student Name: _____ Student ID: F00_____

DROP

Undergraduates: Dropping below 12 credits may jeopardize your financial aid, housing, and/or athletic eligibility.

Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits
Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits

Tuition refunding and grade info for course withdraws can be found on the university website and in the university catalog.
(www.cuw.edu/tuition-trad)

ADD

Students may add a 14/16-week course within the first two (2) weeks; instructor approval is needed after the 1st week. Students may only add a 6/8-week course within the first (1) week; instructor approval is needed.

**If a course is at max enrollment, the student will be added to the wait list. One week before classes begin, the student may contact the instructor for permission to register. Written approval from the instructor should be forwarded to the Registrar's office for registration.*

Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits	Comments
Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits	Comments

AUDIT

An audited class will appear on the transcript as a zero-grade point class with a grade of AU, and no credits earned. See the university catalog for course expectations, registration deadlines, and audit fees.

Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits	Comments
Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits	Comments

By signing this form, I understand that I am responsible to pay any and all tuition, fees, or charges on my student account related to these registration changes. I understand that an add/drop may affect my financial aid, housing, athletic eligibility, international visa (if applicable), or rate of degree completion.

Instructor Signature (if less than 1 week prior to course start): _____

Student Signature: _____

Date: _____

Processed by: _____ Date: _____	OFFICE USE ONLY

Bring completed form to the Registrar's office or email a copy to *registrar@cuw.edu*.
The form will be processed using the date it was received.