

ADD/DROP REQUEST FORM

Return to: Office of Admissions & Records
 California State University, Bakersfield
 9001 Stockdale Highway | Bakersfield, CA | 93311-1022
 Telephone: (661) 654-3036 | Fax: (661) 654-3389

Please Note:

-If you are dropping all classes after the 3rd week of classes, please fill out a Withdrawal Request Form request form.

-If you are dropping all classes due to medical reasons, please fill out a Medical Withdrawal Request Form.

-Department Chair's signature is required after the 3rd week of classes for dropping courses.



Student Name: _____

(Please Print)

CSUB ID: _____

(Required)

Quarter: [] Fall [] Winter [] Spring [] Summer **Year:** _____

Level: Undergraduate _____ Graduate _____

TO BE COMPLETED BY THE STUDENT

Class Number	Course Department & Number	Section	Units	Check box for Add Drop		Instructor's Name Printed	Instructor's Signature

Total Units Enrolled in Before Change _____

Total Units Enrolled in After Change _____

Department Chair/School Dean Signature _____
 (Required after 3rd Week of Classes)

AVP, Enrollment Management Signature _____
 (Required after 3rd Week of Classes) **Dr. Jacqueline Mimms**

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

Student's Signature: _____ **Date:** _____

State Reason for Drop

Office Use Only

By: _____ Date: _____