

**UNIVERSITY OF EAST-WEST MEDICINE**  
**ADD-DROP FORM**

- Continuing Student
- New Student
- International Student
- Financial Aid Student
- Non-degree Student
- Audit Student

Students who wish to add and/or drop courses must complete this form and submit it to the Registrar. The fee for adding or dropping courses is \$25 per course. Students dropping courses will receive a *pro rata* credit for the unused portion of tuition as described in the Enrollment Agreement. This credit amount may either be applied to the following term's tuition or be refunded to the student. After 60% of instruction has been completed (usually by the 8th or 9th week), no refunds will be made. Please note that dropping courses may delay your expected graduation date because courses are offered in sequence. Future scheduling of dropped courses may conflict with other required classes. The University cannot guarantee future availability of dropped courses.

**The effective date for any change is the date the Registrar's Office receives this form.**

Name: \_\_\_\_\_

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

ACTION		COURSE		UNITS/ HOURS	LANGUAGE		Instructor's signature
ADD	DROP	NUMBER	NAME		CHIN	ENG	
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

\_\_\_\_\_  
*Student Signature* Date

Change(s)  approved  denied by the Dean. Date: \_\_\_\_\_ initials: \_\_\_\_\_

*For Business Office use only.*

Total fees charged: \$ \_\_\_\_\_ Refund amount: \$ \_\_\_\_\_

credit card  applied to next trimester's tuition

check/cash  refunded to student

\_\_\_\_\_  
Finance Officer Signature Date

\_\_\_\_\_  
Financial Aid Administrator Signature (if needed) Date