



THE GRADUATE SCHOOL

of the COLLEGE OF CHARLESTON

Request for Enrollment After Drop/Add

Return this form to the Graduate School Office in order to be enrolled in classes

Student Name: _____ **CWID:** _____

Address: _____ **Phone:** _____

Program: _____ **Edisto Email:** _____

COURSE AND SECTION	TERM	INSTRUCTOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason(s) for request for enrollment after drop/add:

Has the student paid the tuition for these classes? _____

(Note: Student MUST pay tuition prior to being enrolled in classes after the drop/add date)

Student Enrolled: _____ / _____

(Staff initial and date)