



SOUTHERN CALIFORNIA UNIVERSITY

School of Oriental Medicine and Acupuncture

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Quarter: Winter Spring Summer Fall 20__ Student ID# _____

ADD & DROP FORM

Name: _____
Last First Middle

DOB: ___/___/___

Student Dropping classes are entitled to a refund of tuition fees according to the refund policy. Refer to the catalog for more information. If student withdrawals from a course, after the second week of classes, prorated amount will be reimburse to the students

ADD COURSES

Course No.	Course Name	Day	Instructor	Unit

DROP COURSES

Course No.	Course Name	Day	Instructor	Unit

ADD TUITION

_____ Units X \$ _____ = \$ _____

Add Tuition \$ _____

_____ Hours X \$ _____ = \$ _____

DROP TUITION

_____ Units X \$ _____ = \$ _____

Refund Tuition \$ _____

_____ Hours X \$ _____ = \$ _____

Fees \$ _____

TUITION

_____ Units X \$ _____ = \$ _____

_____ Hours X \$ _____ = \$ _____

TOTAL AMOUNT TO PAY \$ _____

NUMBER OF UNITS TAKEN THIS QUARTER AFTER ADD AND DROP _____

TOTAL ADD OR DROP REFUND TUITION _____

Student Signature *Date*

Registrar's Signature *Date*