



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 (Drop fee \$20/per course or per clinic)

Course No.	Course Name	Day	Instructor	Unit

ADD TUITION

_____ Units X \$ _____ = \$ _____

_____ Hours X \$ _____ = \$ _____

DROP TUITION

_____ Units X \$ _____ = \$ _____

_____ Hours X \$ _____ = \$ _____

TOTAL TUITION

_____ Units X \$ _____ = \$ _____

_____ Hours X \$ _____ = \$ _____

Add Tuition \$ _____

Refund Tuition \$ _____

Fees \$ _____

TOTAL AMOUNT TO PAY \$ _____

Student's Signature *Date*

Registrar's Signature *Date*