ADD/DROP FORM

California Institute of Integral Studies * 1453 Mission Street * San Francisco, CA * 94103
FAX: 415-575-1267

Semester: ☐ Fall ☐ Spring ☐ Summer **Year**: 20___

Name_____**Date**_____
(last) **(first)** **(middle)**

Address_____

E-mail Address_____Phone (H)_____(W)_____

Social Sec # ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Program_____**Concentration**_____**Degree**_____

Course No./ Workshop/ Ind. Study	Course Title	Instructor	No. of Units	**Add/ Drop**	Grade: Letter or Pass-Fail

Student's Signature_____

Method of Payment: **Student Loan Holder**_____***Check No.*** _____ ***Cash***_____ ***Credit Card***_____

Crecit Card Type: MasterCard_____***VISA*** _____***Card No.:***_____***Expiry date***_____

I authorize CIIS to charge my credit card: (Please sign)_____