

**THE SCHOOL OF GRADUATE STUDIES IN THE HEALTH SCIENCES
ADD/DROP REQUEST**

Name _____ Effective Date of Change(m/d/yr) _____

Student # _____ Program _____ Year _____

Circle Semester: Fall Spring Summer

ADD (Additional hours must be paid for at the time of change or late charges will be assessed)

Course Name _____ Course Number _____ Section _____ Hours _____

Course Name _____ Course Number _____ Section _____ Hours _____

Course Name _____ Course Number _____ Section _____ Hours _____

Number of registered hours before addition of course(s): _____

DROP

Course Name _____ Course Number _____ Section _____ Hours _____

Course Name _____ Course Number _____ Section _____ Hours _____

Course Name _____ Course Number _____ Section _____ Hours _____

Number of registered hours before dropping course(s): _____

I request that these changes be made (signature of student) _____

APPROVED GRADUATE

Program Director

Professor/Course Added

Dean School of Graduate Studies