



MD PROGRAM – 3RD YEAR ADD/DROP FORM

Request for changes must be submitted a minimum of two (2) weeks prior to the start of the course. The Senior Director, or an authorized designee, must provide their signature.

The Registrar’s Office will process all registration changes.

Please print all information.

STUDENT INFORMATION *To be completed by student:*

Name: _____ Student ID: _____

Student E-Mail Address: _____ Student Phone #: _____

Term: Fall Spring Summer Year: _____ Expected Grad Yr: 20 _____

ACTION	COURSE #	COURSE NAME	START DATE	END DATE	# OF WEEKS	LDA Office Use Only
<input type="checkbox"/> Add <input type="checkbox"/> Drop						
<input type="checkbox"/> Add <input type="checkbox"/> Drop						
<input type="checkbox"/> Add <input type="checkbox"/> Drop						
<input type="checkbox"/> Add <input type="checkbox"/> Drop						
<input type="checkbox"/> Add <input type="checkbox"/> Drop						
<input type="checkbox"/> Add <input type="checkbox"/> Drop						

Reason for change request: _____

Student’s Signature: _____ Date: _____

APPROVAL:

Approver’s Name: _____ Title: _____

Approver’s Signature: _____ Date: _____

OFFICE OF THE REGISTRAR:

Registrar Office Notes: _____

Registrar’s Signature: _____ Date: _____