



MD PROGRAM – 4TH YEAR ADD/DROP FORM

Request for changes must be submitted a minimum of two (2) weeks prior to the start of the course. Please print all information.

If the course is a VSLO course – please leave the course number blank. A course number will be assigned by the Office of the Registrar when the course is created.

To see available opportunities at CDU (and CDU partners), see our MS4 Elective and Sub-Internship Catalog at <https://cdrewu.sharepoint.com/sites/MS4Electives>

STUDENT INFORMATION *To be completed by student:*

Name: _____ Student ID: _____

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

Term: Fall Spring Summer Year: _____

ACTION	COURSE #	COURSE NAME	TYPE OF COURSE	VSLO?	START DATE	END DATE	# OF WEEKS
<input type="checkbox"/> Add <input type="checkbox"/> Drop			<input type="checkbox"/> Sub-I <input type="checkbox"/> Elective	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			<input type="checkbox"/> Sub-I <input type="checkbox"/> Elective	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			<input type="checkbox"/> Sub-I <input type="checkbox"/> Elective	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Reason for change request: _____

AWAY ROTATION ADDS

COURSE NAME/#	INSTITUTION	CONTACT PERSON	CONTACT PHONE	CONTACT EMAIL

Student's Signature: _____ Date: _____

APPROVAL:

MD Director's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____