Office of the Registrar
Add/Drop Request

NOTE: If you are *dropping* a TAMU course, you must obtain the signature of the HSC Registrar.

Name:_____**UIN:**_____

Date:_____ **Semester:** _____**20**_____

☐ **College of Medicine** ☐ **School of Rural Public** ☐ **Graduate Studies/IBT** ☐ **College of Pharmacy** ☐ **College of Nursing**

Please list courses that you wish to ADD

	Department	Course Number	CRN Number	Title	Credit Hours	Instructor
ADD						
ADD						
ADD						

Please list the courses that you wish to DROP

	Department	Course Number	CRN Number	Title	Credit Hours	Instructor
DROP						
DROP						
DROP						

Why are you altering your schedule? Please check all that apply.

☐ Cancelled class ☐ Work Conflict ☐ Course Load
☐ Academic Probation ☐ Financial Reasons ☐ Convenience
☐ Program Satisfaction ☐ Illness ☐ Other_____

NOTE: If you are *dropping* a TAMU course, you must obtain the signature of the HSC Registrar.

Approval Signatures:

_____ _____
Student's Signature Date Associate Dean for Graduate Studies (COM-GS only) Date

_____ _____
Student's Academic Advisor Date HSC Registrar Date

OFFICE USE ONLY:

Sent to F&A By:_____ Date:_____

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

Revised 11/04/2009
09/17/2010