MUSC
MEDICAL UNIVERSITY
of SOUTH CAROLINA

Office of Enrollment Management
41 Bee Street
MSC 203
Charleston SC 29425-2030

Request for Course Add and/or Drop

INSTRUCTIONS: Please press firmly, using a ballpoint pen.

Student Number: ☐☐☐-☐☐-☐☐☐☐

Last Name _____ First _____ Middle _____

Program: _____

Term: ☐ Fall ☐ Spring ☐ Summer Year: 20 _____
Type of financial aid received: ☐ None ☐ Veterans Benefits
Other (please specify): _____

Is this a withdrawal from the university? ☐ Yes ☐ No
(If YES, also complete and attach a Declaration of Intent to Change Status form.)

College of:

- ☐ Dental Medicine
- ☐ Graduate Studies
- ☐ Health Professions
- ☐ Medicine
- ☐ Nursing
- ☐ Pharmacy
- ☐ Non-Degree Seeking

DROP				
COURSE NUMBER	SECTION	SEM. HOURS	INSTRUCTOR* SIGNATURE	DATE LAST ATTENDED

ADD			
COURSE NUMBER	SECTION	SEM. HOURS	INSTRUCTOR SIGNATURE

* If drop is . . .
- before the drop deadline, no grade is required.
- after the drop deadline, but before the sixth week (or 33% of the course), a grade of WD is required.†
- after the sixth week (or beyond 33% of the course), a grade of WP or WF or WR is required.†
- for short courses, see Drop/Add policy published in the MUSC Bulletin

Courses dropped without permission always receive a merit grade of 0.0 regardless of the date.

Total Credit Hours Before Change: _____ Total Credit Hours After Change: _____

_____ _____
Signature of Student Date

_____ _____
Signature of Advisor/Dean# Date

Effective Date of Change(s) as authorized by Dean: _____
Comments by Dean: _____

Not required for non-degree seeking students.

Enrollment Management: Date request received _____ by _____
Date request processed _____ by _____