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.**

SSN or, PVID, or CollegeNet ID: _____

_____
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 |
| | | | | |
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| | | | | |
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| ADD | | | |
|---|---|---|---|
| COURSE NUMBER | SECTION | SEM. HOURS | INSTRUCTOR SIGNATURE |
| | | | |
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* 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 _____