

Request for Course Add and/or Drop

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): _____

College of:

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

Is this a withdrawal from the university? Yes No (If YES, also complete and attach a Withdrawal/Leave of Absense form.)

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 _____