

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

Nursing-Francis Marion

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.

† These grades and symbols must be reported by the instructor under separate cover, through the dean's office, to Enrollment Services.

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 Services: Date request received _____ by _____
 Date request processed _____ by _____