REQUEST TO ADD/DROP CLASS AFTER DEADLINE

In extenuating circumstances, a current student may request to add/drop a class after the published deadline by completing Section 1 of this form and receiving authorization from the appropriate dean/designate in the student’s school as noted in Section 2 of this form.

Section 1

Name: ______________________________________________________________________
(Last name) (First name) (Middle name)

Program: __________________________________________________________________

MCW Email Address: ___________________________________________________________

Term for which you would like to add/drop: Fall Spring Summer (Graduate School only)

Class(es) to Add:
(Subject: AWAY, Course Number: D4886, CRN: 1234)

Subject: ________ Course Number: ________ Course Reference Number: ________

Subject: ________ Course Number: ________ Course Reference Number: ________

Class(es) to Drop:
(Subject: MEDI, Course Number: D4199, CRN: 5678)

Subject: ________ Course Number: ________ Course Reference Number: ________

Subject: ________ Course Number: ________ Course Reference Number: ________

Note: a medical student may only drop an elective when adding an away rotation after the MCW add/drop deadline.

I hereby request to add/drop the classes referenced above for the following reason(s):
________________________________________________________________________________
________________________________________________________________________________

Student Signature: __________________________ Date: _______________

___________________________________________________________________________

Section 2

I approve/deny the student’s request as noted above (circle one).

Required Dean/Designate Signature: __________________________ Date: _______________

ALL COMPLETED FORMS MUST BE RETURNED BY THE SCHOOL TO:
Office of the Registrar, 8701 Watertown Plank Road, Milwaukee, WI 53226 · acadreg@mcw.edu /414-955-8733

Registrar Signature: __________________________ Date: _______________