



REQUEST TO ADD/DROP CLASS AFTER DEADLINE

In extenuating circumstances, a current medical or graduate student may request to add/drop a class after the published deadline by completing Section 1 and receiving authorization from the appropriate contacts as noted in Sections 2 and 3.

Section 1 – Student (required)

Legal Name: _____ (Last name) (First name) (Middle name)

Program: _____ MCW Email Address: _____

Term for which you would like to add/drop: _____

Class(es) to Add: (i.e. Subject: AWAY, Course Number: D4886, CRN: 01234)

Subject: _____ Course Number: _____ Course Reference Number: _____

Subject: _____ Course Number: _____ Course Reference Number: _____

Class(es) to Drop: (i.e. Subject: MEDI, Course Number: D4199, CRN: 56789)

Subject: _____ Course Number: _____ Course Reference Number: _____

Subject: _____ Course Number: _____ Course Reference Number: _____

Reason(s) for add/drop: _____

Other: _____

Student Signature: _____ Date: _____

- Add or Add/Drop Course: move to Section 2
• Drop Only: move to Section 3

Section 2 – Department (required for Add or Add/Drop)

This section is to be signed by the department contact (Course Coordinator or Director) which hosts the class the student is requesting to add as referenced above.

I approve/deny the student's request as noted above: ___ Approve ___ Deny

Department Contact (print): _____

Department Contact (signature): _____ Date: _____

- Department must submit the approved form to the appropriate School Official as noted in Section 3. Copy the student.
• If denied, the department should submit the signed form back to the student.

Section 3 – School Official (required)

If the above required sections are complete, submit the form to the appropriate School Official:

- School of Graduate Studies: Student and Academic Affairs, gradschool@mcw.edu
• Medical School: Associate Dean for Student Affairs, Dr. Raj Narayan, rnarayan@mcw.edu

I approve/deny the student's request as noted above: ___ Approve ___ Deny

School Official Signature: _____ Date: _____

ALL COMPLETED FORMS MUST BE RETURNED BY THE SCHOOL OFFICIAL TO: acadreg@mcw.edu