REQUEST TO ADD/DROP COURSE AFTER DEADLINE

Requests to add or drop a course after the published deadline are considered only under extenuating circumstances and require completion of this form and the appropriate approvals.

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

Program: MCW E-mail Address: _____

Academic Term for Requested Add/Drop:

Add Course:
Title:

Subject: Course Number: CRN:

Start Date: End Date:

Drop Course:
Title:

Subject: Course Number: CRN:

Start Date: End Date:

Reason(s) for add/Drop

Other:

Student Signature:_____ Date:_____

Section 2: Department Approval

This section is to be signed by the Course Coordinator or Director of the course being added.

Decision: Name:_____

Signature:_____ Date:_____

- If approved, forward the signed form to the appropriate School Official and copy the student.
  - Medical School: Associate Dean for Student Affairs, Dr. Raj Narayan, rnarayan@mcw.edu
  - School of Graduate Studies: Student and Academic Affairs, gradschool@mcw.edu
- If denied, return the signed form to the student.

Section 3: School Official Approval

Decision: Name:_____

School Official Signature:_____ Date:_____

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