

## **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 nam			
(Last nam	e) (First n	ame)	(Middle name)
Program:	MCW Email Address:		
Term for which you would like to a	dd/drop:		
Class(es) to Add: (i.e. Subje	ct: AWAY, Course Number: D4880	6, CRN: 01234)	
Subject:	Course Number:	Course Ref	ference Number:
Subject:	Course Number:	Course Ref	ference Number:
Class(es) to Drop: (i.e. Subj	ect: MEDI, Course Number: D419	9, CRN: 56789)	
Subject:	Course Number:	Course Ref	ference Number:
Subject:	Course Number:	Course Ref	ference Number:
Reason(s) for add/drop:			
Other:			
Student Signature:		Date	:
<ul> <li>Add or Add/Drop Course: mo</li> <li>Drop Only: move to Section 3</li> </ul>	we to Section 2		
Section 2 – Department (requ			
This section is to be signed by the student is requesting to add as re	•	Coordinator or Dire	ector) which hosts the class the
I approve/deny the student	's request as noted above: _	Approve	_ Deny
Department Signature:		Date:	
	nit the approved form to the app	propriate School Of	ficial as noted in Section 3. Copy the student.
Section 3 – School Official (r	equired)		
If the above required sections ar	- /	the appropriate Sch	ool Official:
• School of Graduate	Studies: Student and Academic	e Affairs, <u>gradschoo</u>	ol@mcw.edu
• <u>Medical School</u> : As	sociate Dean for Student Affair	rs, Dr. Raj Narayan,	, <u>rnarayan@mcw.edu</u>
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