

Office of Enrollment Management

45 Courtenay Dr MSC 203 Charleston SC 29425-2030

Request for Course Add and/or Drop

SSN or, PVID, or CollegeNet ID:							College of: Dental Medicine Graduate Studies				
Last Name First Middle											
Program:							Health Professions				
Term: Fall Spring Summer Year: 20								☐ Medicine			
Type of financial aid received: None Veterans Benefits Other (please specify):								☐ Nursing			
								Pharmacy			
							Non-Degree Seeking				
Is this a withdrawa	al from the u	iniversity?	☐ Yes ☐	No (If YES, also	complete an	d atta	ch a Withdr	awal/Leave	of Absense form.)		
DROP						ADD					
COURSE NUMBER	SECTION	SEM. HOURS	INSTRUCTOR* SIGNATURE	DATE LAST ATTENDED	COUR		SECTION	SEM. HOURS	INSTRUCTOR SIGNATURE		
 after the sixth for short cours	deadline, but week (or beyo es, see Drop/	before the and 33% o Add policy	sixth week (or 33% of the course), a grad published in the M	le of WP or WF o IUSC Bulletin	r WR is requ	ired.†					
	•		ays receive a merit g		ness of the da	ite.					
Total Credit Hour	s Before Ch	ange:		_ Total Cred	lit Hours A	fter C	Change:				
Signature of Student						Date					
Signature of Advisor/Dean#						Date					
Effective Date of C	Change(s) as	authorize	d by Dean:								
Comments by Dea	an:										
# Not required for non-de	egree seeking stu	dents.									
Enrollment Management: Date request received					by _						
			equest processed								