REQUEST TO ADD DROP CLASS AFTER DEADLINE

In extenuating circumstances, a student who is ... to add drop a class published deadline by completing Section 1 and receiving aut[horization] in Sections 2 and 3.

Section to be completed by Student

Legal Name _____
   Last name   First name   Middle name

Program _____ Address _____

Term for which you would like to _____

   Class Added to (Subject: AWAY, Course Number: D4886, CRN: 01234)
      Subject _____   Course Number _____
      Subject _____   Course Number _____

   Class Dropped to (Subject: MEDI, Course Number: D495, CRN: 6789)
      Subject _____   Course Number _____
      Subject _____   Course Number _____

This section is to be signed by the department ... the student is requesting to add as referenced above

   I approve the student attending the course listed above ___ Deny

Department Contact (print) _____

Department Contact signature _____
   • Department must submit the approved form to the appropriate Sc[hool]
   • If denied, the department should submit the signed form back to ...

Section to be completed if required

If the above requires completion of the form, School ... Office ... Appropriate ...

   • School of Graduate Studies, Student and Academic Affairs: acadpolicy@mcw.edu
   • Medical School Office of Student Affairs: ...@mcw.edu

   I approve the student ... ___ Approve ___ Deny

School Official signature _____ Date _____

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