



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: tucaregistrar@tu.edu • website: <http://tu.edu>

Student Information

Academic Program:

DO MSMHS-COM Pharmacy MSMHS-COP Education Joint MSPAS/MPH Public Health Nursing

Name _____ Class of _____ Student ID# _____
(required)

Phone Number _____ Email Address _____

Add/Drop forms are to be completed for a single semester only. You will need to submit additional forms to change courses in multiple semesters. **Students should submit their add/drop form directly to their program for approval.**

SEMESTER (PLEASE SELECT ONE): SUMMER FALL SPRING YEAR _____

Courses to Add

<u>Course Number</u>	<u>Course Name</u>	<u>Units</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
Total Units Added		<input style="width: 50px; height: 20px;" type="text"/>

Courses to Drop

<u>Course Number</u>	<u>Course Name</u>	<u>Units</u>	<u>Date of Last Attendance</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
Total Units Dropped		<input style="width: 50px; height: 20px;" type="text"/>	

Prior to submitting this form for processing, it is strongly recommended that students consult with the Bursar and Financial Aid Director. Students may be liable for changes to tuition charges and/or issued refunds. By signing this form, I acknowledge this.

Student Signature _____ Date _____

Program Approval

Signature _____ Date _____

Print Name _____ Title _____

For Office Use Only:

Date Received _____

Registrar Approval _____ Date Processed _____ Processed By _____

Bursar Approval _____ Financial Aid Approval _____