### 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: ________________

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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.**

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### Courses to Add

<table>
<thead>
<tr>
<th>Semester (Please Select One):</th>
<th>SUMMER</th>
<th>FALL</th>
<th>SPRING</th>
<th>YEAR</th>
</tr>
</thead>
</table>

#### Course to Add

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Units Added: ___________

### Courses to Drop

#### Course to Drop

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Units</th>
<th>Date of Last Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Units Dropped: ___________

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: ___________________________

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For Office Use Only:

Date Received: __________

Registrar Approval: __________  Date Processed: __________  Processed By: __________

Bursar Approval: __________  Financial Aid Approval: __________