



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: tuaregistrar@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**

CRN (5 Digit Number)	Course Subject & Number	Course Name	Units
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Total Units Added

**Courses to Drop**

CRN (5 Digit Number)	Course Subject & Number	Course Name	Units	Date of Last Attendance
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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 \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_ Processed in Banner By: \_\_\_\_\_ Processed On: \_\_\_\_\_