

The Johns Hopkins University School of Medicine Change of Schedule Form

Return completed form to the Office of the Registrar, 147 Miller Research Building or to GradStdDsk@jhmi.edu

Last Name:

First Name:

Date:

Department/Program:

Status (check one): **M.A. student** **M.S. student** **Ph.D. student** **M.D. student** **Special Student** **Postdoctoral Fellow**

ADD TO SCHEDULE: Students are required to abide by the course policies of the division in which the course is hosted regarding changes in schedule.

Division	Department	Course #	Section #	Title of Course	Dates or term of course (if course is a year course, please indicate)	Check here if course is to be audited	For Office Use Only

DROP FROM SCHEDULE: Students are required to abide by the course policies of the division in which the course is hosted regarding changes in schedule.

Division	Department	Course #	Section #	Title of Course	Dates or term of course (if course is a year course, please indicate)	Check here if course is to be audited	For Office Use Only

Date:	Signature of Program Director*:
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***Signer acknowledges that student meets pre-requisites/co-requisites for the course(s) being requested.**

White Copy: Registrar's Office; Yellow Copy: Training Program Director; Pink Copy: Student