

**To:** Course Director or Coordinator

**From:** Drs. Angela Mihalic and Jim Wagner  
Associate Deans for Student Affairs

**Re: Late Drop/Add Form**

Students may freely drop and add fourth year courses using our new online drop/add system if the drop/add is completed at least three weeks prior to the start of the rotation. If the drop/add is requested within that three week period, the student must complete this form and acquire your signature approving or denying the drop/add. This rule was instituted several years ago when a number of clinical departments informed us that last minute changes were disruptive to services, teaching schedules, and/or created administrative inconvenience.

If the student is requesting to drop or add your rotation past the three week deadline, it is your decision whether or not this late drop/add is approved. Consideration should be given to the reason described on the form when issuing your approval or denial of the request. All adds are subject to availability, a wait list may exist for the course. The Registrar's Office cannot over-ride the waitlist to process an add.

Your rotation is important to us and to our students. Please feel free to select the option that will maintain the good will of your service.

Thank you.

# Late Drop/Add Form

*Please print all requested information*

**Term:** 2009Y

**Today's Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**SID #:** \_\_\_\_\_

**(Circle One)**

**Contact Phone:** \_\_\_\_\_

**MS3**

**MS4**

**Student: (Please circle the appropriate action) DROP or ADD**

(If you are doing a drop and add, two forms (with appropriate signatures) must be completed and submitted to the Registrar's Office. Please keep in mind that waiting lists may be in effect for the course(s). This request is subject to availability.)

COMPLETE COURSE NUMBER	PERIOD	COMPLETE COURSE TITLE
(Ex: RAD 1501)	(Ex: 01)	(Ex: Diagnostic Radiology)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student:** Please provide an explanation for requesting this late drop or add.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To Be Completed By the Department

**REQUEST GRANTED**

**REQUEST DENIED**

\_\_\_\_\_  
Signature: Course Director or Coordinator

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

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