

SUNY, Health Science Center at Brooklyn
 School of Graduate Studies
 Change of Registration (after live registration is closed).

Name: _____

ID#: _____

Program: **MCB**__ **NBS**__ **BME**__

Term: Fall____Spring____, Year 20____

Number of Credits registered for **BEFORE** this change: _____

Course(s) to **ADD**:

Course #	Course Title	Credits	Course Director

Course(s) to **DROP**:

Course #	Course Title	Credits	Course Director

Number of Credits registered for **AFTER** this change: _____

 Student Signature

 DATE

Student's Program Director Approval:

 Signature

 DATE

Registrar _____

 DATE