## STATE UNIVERSITY OF NEW YORK Downstate Medical Center

## Office of the Registrar – Box 98

450 Clarkson Avenue Brooklyn, New York 11203 (718) 270-4551

## College of Medicine Master's of Public Health Program COURSE ADD/DROP FORM

Instructions to the Student: This form is used to make changes to your class schedule – dropping or adding courses. The "Add/Drop" period ends on the Friday of the second week of the term. After that date and time, you are charged a late fee of \$15. The date the completed form is received in the Registrar's Office is the date used to determine late fees and financial liability. All transactions require the approval of the course director AND the program designee. Withdrawals after 25% of the term is completed, require the course instructor to indicate whether the student is to receive a grade of Withdrew, Withdrew/Passing, or Withdrew/Failing.

Print or Wr	ite Clearly	This term	m:l	Fall	Spring	Summer 200
• Your nam	ne					
	Last	First			Middle	
Student ID #		Today's Date				
Indicate t	total number of credits you	u are registered for BEFORE thi	s change: _		_	
		COURSE(S)	ADDED			
Registrar Use Only – CRN #			Section	Credits	Instructor's Signature	
		TOTAL CREI	DITS ADDED			
7/		COURSE(S) D	ROPPED*			
Registrar Use Only – CRN #	Dept Name & Course # (e.g. PHY-B 32010)	Course Title (e.g. Physiology & Biochemistry)	Section	Credits	Instructor's Signature	
						3 - 1
		TOTAL CREDITS	DROPPED	f th	Can MDII Decorate	Handbook for
* Courses can of withdrawal pol		drop period. After this period, a student	must withdray	w from the cour	se. See MFH Flogran	Trandbook for
	Indicate tot	al number of credits you are regi	stered for A	FTER all th	ne above changes.	7
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Program/De	an's Approval			Date	e	
						THE REPORT OF THE PERSON OF TH
		FOR REGISTRAR OF	FICE USE	ONLY		
Entered in S	Student Database	ff Initials			Date	
Distribution	: Original – Registrar/Stu	COLUMN TO A STATE OF THE STATE	$t   3^{rd} - F$	inancial Aid	$4^{th}-Bursar\\$	5 <sup>th</sup> – Student