

University Hospital of Brooklyn College of Nursing College of Health Related Professions School of Public Health

Middle

Office of the Registrar

450 Clarkson Avenue, MSC 98 Brooklyn, New York 11203 Telephone: 718-270-4551 Fax: 718-270-7592

COURSE ADD/DROP FORM

Instructions to the Student: Use this form to make changes to your class schedule – dropping or adding courses after the add/drop period or courses that require permission to enroll (see Student Handbook). The date the completed form is received in the Office of the Registrar is the date used to determine late fees and financial liability (see Student Handbook). All transactions require the approval of the course director AND the program designee. Withdrawals prior to 1/3 of the term is completed, requires the course instructor to indicate whether the student is to receive a grade of Withdrew (W). Withdrawals after the 1/3 but prior to 2/3 of the term is completed, requires the course instructor to indicate whether the student is to receive a grade of Withdrew/Passing (WP), or Withdrew/Failing (WF).

Print or Write Clearly

Last

This term: _____Fall _____Spring _____Summer 20____

Your name _____

First

- Student ID #_____ College: CHRP Grad. Nursing Nursing Public Health
- Indicate total number of credits you are registered for **BEFORE** this change:

COURSE(S) ADDED Course Title Registrar Dept Name & Course # Section Credits Instructor's Signature Use Only -(e.g. PHY-B 32010) (e.g. Physiology & Biochemistry) CRN# TOTAL CREDITS ADDED

COURSE(S) DROPPED*							
Registrar Use Only – CRN #	Dept Name & Course # (e.g. PHY-B 32010)	Course Title (e.g. Physiology & Biochemistry)	Section	Credits	Grade * (W, WP, WF)	Instructor's Signature	
		TOTAL CREDIT	S DROPPED				
withdrawal pol	icies.	drop period. After this period, a student				dent Handbook for val after the midsemester	
W= Official Withdrawal before the midsemester WP= Official Withdrawal after the midsemester W while passing the course							
	Indicate tot	al number of credits you are regi	stered for .	AFTER all	the above of	changes	
Student Signature					ate		
				_			
Program/Dea	n's Approval			Da			
		FOR OFFICE OF THE REGIS	FRAR USI	E ONLY			
Entered in Student Database				Da	ite		

Staff Initials