

STATE UNIVERSITY OF NEW YORK  
Downstate Medical Center  
Office of the Registrar  
450 Clarkson Avenue MSC 98  
Brooklyn, New York 11203  
(718) 270-4551

## School of Public Health Programs 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. 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 Write Clearly**

Term: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ 20\_\_\_\_

- Your name \_\_\_\_\_  

Last
First
Middle
- Student ID # \_\_\_\_\_ Today’s Date \_\_\_\_\_
- Indicate total number of credits you are registered for **BEFORE** this change: \_\_\_\_\_

### COURSE(S) ADDED

Registrar Use Only – CRN #	Dept Name & Course # (e.g. PHY-B 32010)	Course Title (e.g. Physiology & Biochemistry)	Section	Credits	Instructor’s Signature
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	Instructor’s Signature
TOTAL CREDITS DROPPED _____					
* Courses can only be dropped during the add/drop period. After this period, a student must Withdraw from the course. See MPH Program Handbook for withdrawal policies.					

Indicate total number of credits you are registered for **AFTER** all the above changes. \_\_\_\_\_

Program/Dean’s Approval \_\_\_\_\_ Date \_\_\_\_\_

### FOR REGISTRAR OFFICE USE ONLY

Entered in Student Database \_\_\_\_\_ Date \_\_\_\_\_  
Staff Initials