

The Johns Hopkins University School of Medicine  
**Change of Schedule Form**

Submit completed form to [support.sis.jhu.edu](mailto:support.sis.jhu.edu)

Last Name:

First Name:

Date:

Department/Program:

Student Type:      Certificate      M.A./M.S.      Ph.D.      M.D.      Postdoctoral Fellow      Other (please list): \_\_\_\_\_

**ADD TO SCHEDULE:** Students are required to abide by the course policies of the division in which the course is hosted regarding changes in schedule.

Term of Course (i.e. Fall 2023)	Course # (i.e. ME.800.801)	Section # (i.e. 0001)	Title of Course	# of credits	Check here if course is to be audited

**DROP FROM SCHEDULE:** Students are required to abide by the course policies of the division in which the course is hosted regarding changes in schedule.

Term of Course (i.e. Fall 2023)	Course # (i.e. ME.800.801)	Section # (i.e. 0001)	Title of Course	# of credits	Check here if course is to be audited

**For Ph.D. Students Only:**

All Ph.D. students should be enrolled in 18 credits per regular semester, and 12 credits per summer semester. If add/drop request is processed, research course credits may need to be adjusted.

Research Course #: \_\_\_\_\_ Adjust # of Credits to: \_\_\_\_\_

<b>Date:</b>	<b>Signature of Program Director*:</b>
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\*Signer acknowledges that student meets pre-requisites/co-requisites for the course(s) being requested and, if applicable, approves adjustment in research course credits.