

The Johns Hopkins University School of Medicine
Change of Schedule Form

Submit completed form to support.sis.jhu.edu

Last Name:

First Name:

Date:

Department/Program:

Status (check one):

M.A. student

M.S. student

Ph.D. student

M.D. student

Special Student

Postdoctoral Fellow

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.

Division	Department	Course #	Section #	Title of Course	Dates or term of course (if course is a year course, please indicate)	Check here if course is to be audited	For Office Use Only

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.

Division	Department	Course #	Section #	Title of Course	Dates or term of course (if course is a year course, please indicate)	Check here if course is to be audited	For Office Use Only

Date:	Signature of Program Director*:
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*Signer acknowledges that student meets pre-requisites/co-requisites for the course(s) being requested.