

**University of Arkansas for Medical Sciences  
Fay W. Boozman College of Public Health  
Request to Change Courses**

Instructions:

Please fully complete each item below in order to add or drop courses in the College of Public Health. You must obtain your academic advisor's signature and the instructor's signature for each class you are requesting to add or drop. Submit this form to B. Marie Walker, UAMS College of Public Health, 4301 West Markham, Slot 820, Little Rock, Arkansas 72205.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

	<b>Course Number, Title, and Hours</b>	<b>Instructor's Signature</b>
<b>DROP</b>	_____	_____
	_____	_____

<b>ADD</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____

**Total Hours:**      **Present Enrollment** \_\_\_\_\_      **Proposed enrollment** \_\_\_\_\_

**My reasons for requesting this change are as follows:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Academic Advisor**

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Registrar**