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 __________________________________________________________
Student ID Number______________________________________________________

Course Number, Title, and Hours Instructor’s Signature
DROP
____________________________________________________________
____________________________________________________________

ADD
____________________________________________________________
____________________________________________________________

Total Hours:  Present Enrollment _____  Proposed enrollment _____

My reasons for requesting this change are as follows:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Approved: __________________________________________ Date: ___________
Academic Advisor

Approved: _________________________________ Date: ___________
Registrar