

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
GRADUATE SCHOOL

ADD/DROP FORM

Name _____ Date _____

Department, Course, Number, and Hours

Instructor's
Signature

TO _____
DROP _____

To _____
ADD _____

-

Total hours: Present enrollment _____ Proposed enrollment _____

My reasons for requesting this change are: _____

Student Signature Date _____

Approved _____ Date _____
Advisor

Approved _____ Date _____
Dean of the Graduate School

