



Course Registration Request

(Add/Drop/Course Withdraw)

This form is submitted to gsbs-forms@bcm.edu or in the Graduate School dropbox in Room N204

Student Name: _____ BCM ID: _____ Date: _____
 Graduate Program: _____ Term: _____ Year: _____ MD/PhD? Yes No

Enrollment Action Requested	
<input type="checkbox"/> Add/Drop Course prior to 6 th day of classes <i>(Program Administrator signature required; drop not shown on transcript)</i>	Complete Section A
<input type="checkbox"/> Add a Restricted-enrollment course <i>(Course Director signature required; must be completed by 6th day of classes)</i>	Complete Section A
<input type="checkbox"/> Drop Course after 6 th day of class, but before course mid-point* <i>(No signature required; WD will appear on transcript)</i>	Complete Section B
<input type="checkbox"/> Drop Course after course mid-point* <i>(Reason statement & Course Director signature required; WD will appear on transcript)</i>	Complete Section C

Section A

Course #	Course Title	Required Signature <i>(see above)</i>	Add	Drop

Section B

Course #	Course Title	Course Director <i>(printed name)</i>

Section C

Course #	Course Title	Course Director <i>(signature)</i>	Date Signed

Reason for course withdraw after the midpoint:

Required Approvals for any actions *in Section B or Section C only*

Major Advisor: _____
Signature Date

Program Director: _____
Signature Date

GSBS Approval for any actions *in Section C only*
(This section is completed AFTER submitting to the Graduate School)

GSBS Authorizing Signature _____
Signature Date