

**The Graduate School at the  
University of Rochester  
School of Medicine & Dentistry**

**ADD/DROP FORM - Fall 2009**

Date \_\_\_\_\_

Name \_\_\_\_\_

University Student ID \_\_\_\_\_

Program \_\_\_\_\_

*Please fill in courses you wish to add or drop. You may drop or add multiple courses on this one form.*

	Course Reference Number					Subject Area			Course #			Hours	(4) Audit	Abbreviated Title	Instructor's Signature	Date
Add																
Add																
Add																
Drop																
Drop																
Drop																

***For Administrative/Advisor Use Only***

Tuition refund, if applicable: _____%	Date received by OGE: ___ / ___ / ___
Advisor's signature/date: _____	Dean's Signature/date: _____

**Notes: 1) Turn this form into your Graduate Coordinator after completion and signatures obtained.**

**2) The effective date of registration change is the date the Add/Drop form is received by the Office for Graduate Education.**