

# TULANE UNIVERSITY

## ADD/DROP FORM

STUDENT ID NUMBER : ---    --- Year: \_\_\_\_\_ **Fall/Spring/Summer**  
(circle one)

EMAIL: (please print) \_\_\_\_\_ **Public Health or Med School**  
(circle one)

MI \_\_\_\_\_  
**LAST NAME** **FIRST NAME** **MI**

### ADDS:

COURSE ID <i>and</i> SECTION # <small>(ie, BIOS-603-01)</small>	COURSE TITLE	PERIOD	Credit Hours	Instructor's Approval (required)
_____	_____	1 OR 2	Audit	_____
_____	_____	1 OR 2	Audit	_____
_____	_____	1 OR 2	Audit	_____

### DROPS:

COURSE ID <i>and</i> SECTION # <small>(ie, BIOS-603-01)</small>	COURSE TITLE	PERIOD	Credit Hours	Instructor's Approval (required)	REGISTRAR'S OFC USE ONLY
_____	_____	1 OR 2	W/WF	_____	1 2 3 4 0
_____	_____	1 OR 2	W/WF	_____	1 2 3 4 0
_____	_____	1 OR 2	W/WF	_____	1 2 3 4 0

### CHANGES:

To change GRADE TYPE for course in which you're already enrolled to **AUDIT**:

INSTRUCTOR'S SIGNATURE  
FOR APPROVAL

COURSE ID WITH SECTION NUMBER  
(ie, BIOS-603 01)

\_\_\_\_\_

**Student's Signature: (required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor's Signature: (required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registration for ON-LINE Classes: On-line class registration will occur in the department offering the course. Submit form to that department.**

Return form with required signatures to SPH&TM Admissions office. Tulane requests you seek help from your advisor regarding course choice.

**Remember, your schedule is your responsibility.**