

**The University of Texas Health Science Center at San Antonio
ADD/DROP FORM**

Name: _____ Badge ID: _____ Year/Semester/Period: _____

International Student: Yes No

School (check one): Dental (DS) Graduate (GSG) Non-Degree Graduate (NDGSG) Health Professions (HP)
 Medical (MS) Nursing (NS) Advanced Dental Education (ADE)

<u>ADD</u>				
Course # and Section	Class #	Course Title	Units	Course Instructor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>DROP</u>					
Course # and Section	Class #	Course Title	Grade*	Units	Course Instructor Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

***Grading System:** W= Withdraw, WP=Withdraw Passing (NS only), WF=Withdraw Failing (NS only), I= Incomplete (or) Letter Grade

Required Additional Approval:

COGS Chair (only GSG) signature: _____ Date: _____

Advisor/Dept. Chair signature: _____ Date: _____

Student signature: _____ Date: _____ Assoc. Dean signature: _____ Date: _____

Registrar Staff signature: _____ Date: _____

**After ALL applicable signatures have been obtained, please return completed form to the Office of the Registrar.
Please refer to the Catalog for inquiries regarding refunds and your school's add/drop policies.**