

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
ADD/DROP/WITHDRAWAL FORM**

Name  Student ID  Date

<b>College</b>	<b>Program</b>

**TO DROP OR WITHDRAW:**

Prefix, Number, Course Name and Hours	Term	Last Day of Attendance (To be completed by instructor only)	Instructor's Signature	Grade Assigned by Instructor

**Is your intent to drop for this semester only or are you completely withdrawing from UAMS?**

Drop one or all classes for this semester

Completely withdraw

**If you are dropping all classes for this term, when do you plan to return?**

**ATTENTION:**

- Students enrolled in programs offered in modules must return and begin attendance in the next scheduled module within 45 calendar days or will otherwise be considered withdrawn for financial aid purposes.
- Students granted an approved financial aid leave of absence must return and begin attendance within 180 days or will otherwise be considered withdrawn for financial aid purposes.

**TO ADD:**

Prefix, Number, Course Name and Hours	Instructor's Signature

**My reasons for requesting this change are:**

**Total hours currently enrollment for this semester**

**Proposed enrollment after add/drop**

**ATTENTION:**

**It is the student's responsibility to obtain appropriate signatures prior to submitting form for processing. Form is considered incomplete without all signatures.**

\_\_\_\_\_Date \_\_\_\_\_  
Student Signature

Approved \_\_\_\_\_Date \_\_\_\_\_  
Advisor/Program Director

Approved \_\_\_\_\_Date \_\_\_\_\_  
Dean or Associate Dean