

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

Name Student ID Date

College	Program

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?

New Expected Graduation Term?

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must return and begin attendance in the next scheduled module within 45 calendar days or will otherwise be considered withdrawn for financial aid purposes.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financial aid leave of absence must return and begin attendance within 180 days or will otherwise be considered withdrawn for financial aid purposes.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: Term

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