

UAMS Fay W. Boozman College of Public Health

Request to Change Courses

Instructions:

Please fully complete each item below in order to add or drop courses in the College of Public Health. You must obtain your academic advisor's signature and the instructor's signature for each class you are requesting to add or drop. Submit this form to Marie Walker, UAMS College of Public Health, 4301 West Markham, Slot 820, Little Rock, Arkansas 72205.

Name _____ Date _____

E-mail Address _____

Student ID Number _____

	Course Number, Title, and Hours	Instructor's Signature
DROP	_____	_____
	_____	_____
	_____	_____
	_____	_____

Date Last Attended Class _____

	Course Number, Title, and Hours	Instructor's Signature
ADD	_____	_____
	_____	_____
	_____	_____
	_____	_____

Total Hours: Present Enrollment _____ Proposed enrollment _____

My reasons for requesting this change are as follows: _____

Approved: _____ Date: _____
Academic Advisor

Approved: _____ Date: _____
COPH Registrar

