



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro COLLEGE AND UNIVERSITY SYSTEM

OFFICE OF THE UNIVERSITY REGISTRAR

REQUEST FOR COURSE CHANGE

School: Graduate School of Basic Medical Sciences School of Health Sciences & Practice Semester Fall Spring Summer Year _____

Student Name _____

Student ID Number _____

DROP / WITHDRAW FROM COURSE

Course Reference Number (CRN)	Subject & Catalog Number (e.g. EPIM 5002)	Title	Credit(s)	Instructor's Signature (after add/drop deadline)	W / WF Grade*

***INSTRUCTOR/PROGRAM DIRECTOR:** Use a W grade if a student is withdrawing after the drop deadline. Use a WF grade if the student is failing and more than 50% of the final grade has been determined at the time of withdrawal.

ADD A COURSE

Course Reference Number (CRN)	Subject & Catalog Number (e.g. EPIM 5002)	Title	Credit(s)	Instructor's Signature (after add/drop deadline)

Program Director/Dept Chair's Signature Date

Student's Signature Date

STUDENTS:

Please visit the TouroOne portal to make payment arrangements for any additional tuition or fees resulting from this course change.

If this course change will drop you below half-time status, please consult the Fin Aid Office if you receive financial aid.

If you are an international student and this course change will put you below full-time status, please consult Elizabeth Ward in the Office of International Students and Scholars.

If you are withdrawing from all classes but wish to retain library and computer access, be sure to register for Maintenance of Matriculation.

Not returning next semester? Speak with your Program Director or Advisor to take a leave of absence or withdraw from the program. If this is your first semester, speak with Admissions.