UMDNJ GRADUATE SCHOOL OF BIOMEDICAL SCIENCES at Robert Wood Johnson Medical School

ADD/DROP COURSE FORM

FALL 20_____ SPRING 20_____

Student's Name: _____ Date:_____20_____

Signature: _____ ID: A00 -_____-_____

Status: ☐ Matriculated _____ ☐ Non-Matriculated
Program/Department

☐ **Add** ☐ **Withdraw**

Course Name: _____

Course Number: _____ Credits: _____ Starting Date: _____20___

Ending Date: _____20___

Instructor Approval: _____ Date: _____20___

☐ **Add** ☐ **Withdraw**

Course Name: _____

Course Number: _____ Credits: _____ Starting Date: _____20___

Ending Date: _____20___

Instructor Approval: _____ Date: _____20___

☐ **Add** ☐ **Withdraw**

Course Name: _____

Course Number: _____ Credits: _____ Starting Date: _____20___

Ending Date: _____20___

Instructor Approval: _____ Date: _____20___

_____ Date:_____20____
Program Director

_____ Date:_____20____
Associate Dean

Note: Students submitting a completed withdrawal form within 10 days of the start of the course will receive a full tuition refund and the course will not appear on their official transcript. Students withdrawing from a course between 11 and 21 days after the course begins will receive an 80% tuition refund. No tuition will be refunded beyond 3 weeks after the course has begun. Withdrawals beyond 10 days after the course begins will be noted "W" on the official transcript. Withdrawals will not be granted during the final third of a course.

675 Hoes Lane • Piscataway, NJ 08854 • Phone: (732) 235-5016 • Fax: (732) 235-4720
Web site: http://www2.umdnj.edu/gsbspweb/index.htm
Committed to diversity in education, healthcare and employment