

**THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
CHANGE OF SCHEDULE**

Return completed form to the Office of the Registrar, 147 Broadway Research Building
(changes in registration not permitted after the mid-point of course)

Student's Name:	
Department/Program:	Date:
Status (circle one): M.A. , M.S., or Ph.D. student M.D. student Special Student Postdoctoral Fellow	

ADD TO SCHEDULE:

Division	Department	Course #	Title of Course	Dates or term of course (if course is a year course, please indicate)	Check here if course is to be audited	For Office Use Only

DROP FROM SCHEDULE:

Division	Department	Course #	Title of Course	Dates or term of course (if course is a year course, please indicate)	Check here if course is to be audited	For Office Use Only

Date:	Signature of Program Director:
Date:	Home Division Registrar (Interdivisional Courses only):