

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

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

<b>Student's Name:</b>	
<b>Department/Program:</b>	<b>Date:</b>
<b>Status (circle one):</b> 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

<b>Date:</b>	<b>Signature of Program Director:</b>
<b>Date:</b>	<b>Home Division Registrar (Interdivisional Courses only):</b>

White Copy-Registrar's Office, Yellow Copy-Training Program Director, Pink Copy-Student

WEB