Revised 1/2022

The Johns Hopkins University School of Medicine Change of Schedule Form

Submit completed form to support.sis.jhu.edu

Last Name:						Date:					
Departmo	ent/Program:										
Status (check one):		M.A. student		M.S. student	Ph.D. student	M.D. student	Special Student	pecial Student Postdoctoral Fello			
ADD TO SCHEDULE: Students are required to abide by the course policies of the division in which the course is hosted regarding changes in schedule.											
Division	Donartment	Course #	Section #	Title of Course			Dates or terr (if course is a	year	Check here if course is to	For Office	
Division	Department	Course #	Section #	Title of Course			course, pleas	se maicate)	be audited	Use Only	
DROP FRO	M SCHEDULE: St	udents are red	guired to abid	e by the course polic	ies of the division in wh	nich the course is hosted	regarding changes in sched	ule.			
Division	Department	Course #	Section #	Title of Course			Dates or tern (if course is a course, pleas	n of course year	Check here if course is to be audited	For Office Use Only	
DIVISION	Department Cours		Section #	Thic of course			course, pieus	ic indicate)	be dudited	OSC OTHY	
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Date:		Signat	Signature of Program Director*:								
*Signer acknowledges that student meets pre-requisites/co-requisites for the course(s) being requested.											