



### REQUEST TO ADD/DROP COURSE AFTER DEADLINE

Requests to add or drop a course after the published deadline are considered only under extenuating circumstances and require completion of this form and the appropriate approvals.

#### Section 1: Student

Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Program:          Select Degree Program MCW Email Address: \_\_\_\_\_

Academic Term for Requested Add/Drop:          Select Term

#### **Add Course:**

Title: \_\_\_\_\_  
Subject: \_\_\_\_\_ Course Number: \_\_\_\_\_ CRN: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### **Drop Course:**

Title: \_\_\_\_\_  
Subject: \_\_\_\_\_ Course Number: \_\_\_\_\_ CRN: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason(s) for add/drop:          Select Reason

Other:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section 2: Department Approval

This section is to be signed by the Course Coordinator or Director of the course being added.

Decision:    Approved    Denied                      Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

- **If approved**, forward the signed form to the appropriate School Official and copy the student.  
*Medical School:* Associate Dean for Student Affairs, Dr. Raj Narayan, [rnarayan@mcw.edu](mailto:rnarayan@mcw.edu)  
*School of Graduate Studies:* Student and Academic Affairs, [gradschool@mcw.edu](mailto:gradschool@mcw.edu)
- **If denied**, return the signed form to the student.

#### Section 3: School Official Approval

Decision:    Approved    Denied

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL COMPLETED FORMS MUST BE RETURNED BY THE SCHOOL OFFICIAL TO [acadreg@mcw.edu](mailto:acadreg@mcw.edu)**

Office of the Registrar, 8701 Watertown Plank Road, Milwaukee, WI 53226 • [acadreg@mcw.edu](mailto:acadreg@mcw.edu) | 414-955-8733