

**Tufts University School of Medicine
Public Health and Professional Degree Programs**

Registration Adjustment (Add/Drop) Form

Registration may require financial clearance from the Bursar's Office. For information regarding the tuition refund policy, late fees and deadlines, please refer to the on-line Academic Calendar and/or the Student Handbook at: publichealth.tufts.edu/Student-Services.aspx

Student ID #

Last Name

First Name

Program:

<input type="checkbox"/> MS in Pain Research, Education & Policy <input type="checkbox"/> MS in Pain Research, Education & Policy /NESA <input type="checkbox"/> Certificate in Pain Research, Education & Policy	<input type="checkbox"/> Master of Public Health <input type="checkbox"/> Bachelor's / Master of Public Health <input type="checkbox"/> JD / Master of Public Health <input type="checkbox"/> MS Nutrition / Master of Public Health	<input type="checkbox"/> MS in Biomedical Sciences <input type="checkbox"/> MS in Biomedical Sciences / Master of Public Health <input type="checkbox"/> MS in Health Communication <input type="checkbox"/> Non-Degree Student
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1st Semester/Year at PHPD (ex: Fall/2010): _____

Check Semester for Add/Drop: Fall Spring Summer Year _____

ADD:

Course Number	Course Name	Credit	Instructor Signature (if the course has begun)

DROP:

Please take note of the tuition refund policy in the Student Handbook if you are dropping more credits than you are adding

Course Number	Course Name	Credit	Instructor Signature (if the course has begun)

Credit System (Completed by Registrar): 1-credit model 4-credit model Registrar Signature: _____

Student Signature

Date

Bursar's Signature

Date

Financial Clearance for _____ credits

For office use: Processed Add/Drop Updated TUSK Checked Waitlist Status Updated Financial Aid if Status Change