

**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](http://publichealth.tufts.edu/Student-Services.aspx)

\_\_\_\_\_  
*Student ID #*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

Check Semester for Add/Drop: Fall \_\_\_\_

Spring \_\_\_\_

Summer \_\_\_\_

Year \_\_\_\_\_

**ADD:**

Course Number	SIS Class Number from SIS catalog	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	SIS Class Number from SIS catalog	Course Name	Credit

\_\_\_\_\_  
*Student*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*For office use: Processed Add/Drop* \_\_\_\_