

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

Registration Adjustment (Add/Drop) Form

Student ID #

Last Name

First Name

Check Semester for Add/Drop: Fall ___

Spring ___

Summer ___

Year _____

ADD:

Adding more credits than you are dropping requires financial clearance from the Bursar's Office, indicated by their signature below.

Course Number	SIS Class Number from SIS catalog	Course Name	Credit	Instructor Signature (if the course has begun)

Bursar's Office Signature

Date

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 _____