Office of SOM Registrar Services
Email: SOMRegistrarServices@utrgv.edu | Phone: 956-296-1494

UTRGV
UT Health Rio Grande Valley
School of Medicine

SOM DROP/ADD FORM

To be Completed by Student

Student Name: _____ SID#: _____ MS_____

Academic Year: _____ Block #: _____

I Request to Drop:

Course Name: _____ Course #: _____Sec._____ CRN_____

I Request to Add:

Course Name: _____ Course #: _____Sec._____ CRN_____

Reason for Change Request: _____

_____

Student Must Obtain the Approvals Below:

1. Instructor of the course that student wants to add must approve that there is space for the student.
2. Once the instructor has approved that there is space available, please have the instructor of the "dropped" course sign.
3. Lastly, Assistant Dean Approval is required.
4. Once you obtain all approvals, submit to SOMRegistrarServices@utrgv.edu

Approvals

Instructor of Record of Add Course (course director or coordinator):

_____ _____ _____
Print Name Signature Date

Instructor of Record of Drop Course (course director or coordinator):

_____ _____ _____
Print Name Signature Date

REGISTRAR'S OFFICE USE ONLY

Processing

Change Processed:

_____ _____ _____
Registrar's Office Designee Print Name Signature Date