BU School of Public Health

Registrar's Office Boston University | School of Public Health
715 Albany St, Talbot 210C| Boston, MA 02118 | Email sphregr@bu.edu

ADD/DROP REQUEST FORM

Use this form to add a class after the semester has started or to obtain ISSO approval to drop a class. Please note that faculty signature is required to add a class once the semester has started. Students may drop classes on the Student Link. Faculty signature is not required to drop a class. This form cannot be used to add a course that has a waitlist. To join the waitlist, students must fill out the waitlist form available on the SPH forms page.

Note that part time status is 1-11 credits and full time status is 12-18 credits. Your student account may be adjusted as a result of any add/drops. If you are presently receiving financial aid and/or are deferring past loans, check in with OSFS at osfs-sph@bu.edu to ensure you understand how your requested changes will affect your financial aid. Mandatory health insurance is added to the account of any student registered for 9 or more credits at any point in the semester. You may not be able to waive the charge if the semester waiver date has passed. Check the Student Accounting web page for more information.

U_____ - _____ - _____ _____ _____

Student's BU ID Number | Student's Last Name | Student's First Name | Expected Grad Date (MM/YYYY)

Degree: □ MPH □ BA/MPH □ BS/MPH □ MBA/MPH □ JD/MPH □ MS/MPH □ MD/MPH □ MSW/MPH □ PH Certificate

MPH Functional Cert: _____ MPH Second Cert: _____

□ MS □ PhD □ DrPH in _____ □ Other _____

Program

Semester: □ Fall □ Spring □ Summer 1 □ Summer 2 _____

Year

ACTION	COURSE # (SPH PH 700)	SECTION (A1)	CREDITS	COURSE TITLE	INSTRUCTOR SIGNATURE (REQUIRED AFTER SEMESTER STARTS)
□ ADD □ DROP	SPH ____ _____		.		**Date:**
□ ADD □ DROP	SPH ____ _____		.		**Date:**
□ ADD □ DROP	SPH ____ _____		.		**Date:**
□ ADD □ DROP	SPH ____ _____		.		**Date:**

Student Signature: _____ Date: _____

Required