

# 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 [MyBU Student](#). 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](mailto: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 Addt'l Cert: \_\_\_\_\_

MS  PhD  DrPH in \_\_\_\_\_  Other \_\_\_\_\_  
Program

Semester:     Fall  Spring  Summer                      Year \_\_\_\_\_

ACTION	COURSE # (SPH PH 700)	SECTION (A1)	CREDITS	COURSE TITLE	INSTRUCTOR SIGNATURE (REQUIRED TO ADD AFTER SEMESTER STARTS)
<input type="checkbox"/> ADD <input type="checkbox"/> DROP	SPH ____ ____		.		<b>Date:</b>
<input type="checkbox"/> ADD <input type="checkbox"/> DROP	SPH ____ ____		.		<b>Date:</b>
<input type="checkbox"/> ADD <input type="checkbox"/> DROP	SPH ____ ____		.		<b>Date:</b>
<input type="checkbox"/> ADD <input type="checkbox"/> DROP	SPH ____ ____		.		<b>Date:</b>

Student Signature: \_\_\_\_\_  
Written signature or image of written signature required

Date: \_\_\_\_\_