## **BOSTON UNIVERSITY CHOBANIAN & AVEDISIAN SCHOOL OF MEDICINE**

## FOURTH YEAR REQUIRED COURSE/ELECTIVE

## ADD/DROP FORM

| Name  | email                | Date  |
|---|----------------------|---|
| ADD DROP  |                      | BLOCK DATES:  |
| COURSE NUMBER:  |                      | COURSE NAME:  |
| Student's Signature                                   |                      | *Signature of Supervisor/Administrator of Required Course/Elective  |
| WHEN CHANGING YOUR SCHED<br>TO BE ADDED.              | ULE YOU MUST COMPLI  | ETE A SEPARATE FORM FOR THE ELECTIVE TO BE DROPPED AND THE ELECTIVE |
| *PLEASE NOTE: ALL ADD/DROF<br>OFFICE OF THE REGISTRAR | P FORMS REQUIRE SIGN | NATURE OF SUPERVISOR OR ADMINISTRATOR PRIOR TO PROCESSING BY THE    |
| RETURN COMPLETED FORM TO:                             |                      |   |
| OFFICE OF THE REGISTRAR                               |                      |   |

OFFICE OF THE REGISTRAR
BOSTON UNIVERSITY CHOBANIAN & AVEDISIAN SCHOOL OF MEDICINE
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