

BOSTON UNIVERSITY CHOBANIAN & AVEDISIAN SCHOOL OF MEDICINE

FOURTH YEAR REQUIRED COURSE/ELECTIVE

ADD/DROP FORM

Name

Email

Date

ADD ☐

ADD BLOCK DATES: _____

DROP ☐

DROP BLOCK DATES: _____

COURSE NUMBER: _____

COURSE NAME: _____

Student's Signature

*Signature of Supervisor/Administrator of Required Course/Elective

Include only 1 course per form. If you are moving a course, complete both the add and drop sections.

*Please note: All Add/Drop Forms require signature of Supervisor or Administrator prior to processing by the Office of the Registrar.

RETURN COMPLETED FORM TO:

Email: CAMEDreg@bu.edu

In Person: Office of the Registrar
BOSTON UNIVERSITY CHOBANIAN & AVEDISIAN SCHOOL OF MEDICINE
72 E. Concord St., ROOM A414

Fax: 617 358-7551