



## CLASS ADJUSTMENT (ADD/DROP) REQUEST FORM

Please complete all the information requested below, sign and date the form. Return to

[GMSRegistrar@bu.edu](mailto:GMSRegistrar@bu.edu) or GMS Registrar's Office 72 E. Concord Street, L-309, Boston, MA 02118

Do NOT use this form if you intend to drop all of your classes for the semester. You must file a LOA/Withdrawal form instead. Requests to withdraw or take a leave of absence on or after the first day of the semester are subject to the University refund schedule and will be based on the day the form is received.

Semester:  Fall  Spring  Summer 1  Summer 2 Year: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ BUID: \_\_\_\_\_

Email: \_\_\_\_\_ Projected Graduation Date:  January  May  September Year: \_\_\_\_\_

Emergency Alert/Send Now Contact Number (required): \_\_\_\_\_  check if this is a cell phone number

Student at another Boston University School or College

School or College: \_\_\_\_\_ Degree & Program: \_\_\_\_\_

STATUS (office use only)	Check ACTION TO BE DONE	COLLEGE OF COURSE	COURSE NUMBER	SECTION	CREDIT HOURS	COURSE TITLE	INSTRUCTOR SIGNATURE IS REQUIRED
Sample	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DROP	GMS	MS 971	A1	2	Related Medical Sciences (Research)	
	<input type="checkbox"/> ADD <input type="checkbox"/> DROP						
	<input type="checkbox"/> ADD <input type="checkbox"/> DROP						
	<input type="checkbox"/> ADD <input type="checkbox"/> DROP						
	SECTION CHANGE						
	CREDIT TO AUDIT						
	AUDIT TO CREDIT						
	CREDIT CHANGE						

**IMPORTANT:** How many credits will you have after changes? How will it impact your student account? If you are presently receiving financial aid and/or are presently deferring past loans, check with Student Financial Aid at 617-353-2965 to be sure the above indicated changes will not impact your financial aid or potential loan deferment. *Note that part time status is 1-11 credits and full time status is 12-18 credits.* 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 deadline has passed. Check with the Boston University Student Accounting Services website at [www.bu.edu/studentaccountingservices/](http://www.bu.edu/studentaccountingservices/) for semester specific dates.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BE SURE TO TAKE A COPY FOR YOUR FILES

ADVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_