Office use only Date: Time: _ _am/pm

Last name



OAKLAND UNIVERSITY WILLIAM BEAUMONT

Add/Drop Registration form

IMPORTANT! Please read carefully and sign below. Add/drop forms and supporting documents must be submitted at least 30 days prior to the start of the course being added or dropped. Return to the completed form to records and registration (medreg@oakland.edu).

First name

G number

	•) OU Email:						-
	Select term Fall Winter		Year						
			Summer						
ADD/DROP DROP ADD	Subject PEDS AWAY	Course # MDM4 9904 MDM4 9949	Course Name Pediatric Cardiology AWAY- FM @ XYZ Med Center		Course Location Beaumon New Med	nt Troy	Course Dates August 08/1-8/25/2015	Waitlist Option If course/section is full, you may select this optio (Please note: this does not guarantee placement in course)	
								Yes	No
								Yes	No
								Yes	No
								Yes	No
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	By signing above. I account account By register have reco	g this registrate assume finan . In the event , prohibiting tering for cours	tion form, I used to a cial responsion of the release of controlled the company of the company o	romise to Pay understand that I will be sibility for the education- nt becomes past due, I o of transcripts and possible acting for on campus ho e Student Business Service	related charges of acknowledge that le de-registration to busing at Oaklance	associa t a hold from fu I Univer	ated with my study will be placed ture semesters. (dent on my O	
	Student Signature Date								_
	Dean for Undergraduate Clinical Education (or designee) Signature Date							!	-
	Questions: SOM Records and Registration ~ medreg@oakland.edu						Office Use Only:		
							Processed By:		
							Date:		