

## University of North Texas Health Science Center Office of the Registrar, SSC 240

3500 Camp Bowie Blvd. Fort Worth, TX 76107-2699 (817) 735-2201 / Fax (817) 735-0448 registrar@unthsc.edu

Date request completed\_

		Questions regarding data	collected may	be directed to	the Registrar. (HB 192	22)	
Student ID OR Social Security Number			Last Name		First Name		Middle Name
Date of Birth			Daytime Telephone Number				
Today's Date			Program International Student?  SPH GSBS Pharm YES NO				
	See <u>A</u>	ADD CLASS: L		•			
Department Course				Title			
(EXAMPLE) BACH		(EXAMPLE) 5	310		(EXAMPLE) Community Assessment		
		DROP CLASS:		•	•		
Approval for drop required after last d			lay to receiv	eive automatic W. See <u>Academic Calendar</u> for details.  Grade			
Department	Course	Title		Ins	tructor Signatu	re	(Instructor Only: Check one)
							W (Withdrawal) WF (Withdrawal Failing)
							W (Withdrawal) WF (Withdrawal Failing)
<ul> <li>It is you</li> <li>A class of on the time</li> <li>Refunds</li> </ul>	r responsibility to dropped before to cranscript & be assist if the last classing refund schedule If a class is drop 100% refund if not drop your or If all classes are must pick up th	of a session (8 week 1, e. ped but the student is the class is dropped be dropped during a long dropped during a long	before drop t appear on r WF. regular, 8 v s enrolled in efore the ce ng this form g semester, absence for	week 2) is dro another clas nsus date. during a lon it is consider rm in person	ss. pt. A class droppe opped, it is subject ss during that sam g semester (fall o	ed after the connection of the session of the session of the connection of the session of the se	e census date will appear
Student Sign	nature		_		Date		_ <del>_</del>
Please allow 2	24 hours for proce	ssing					For Office Use Only
							FOI OTHICE USE ONLY