

Graduate Student Schedule Revision Request

The form must be submitted to the UConn Health Registrar either in person at LM041, or scanned and emailed to: registrar@uchc.edu. Typed signatures are not permitted; please submit with a DocuSign or wet signature.

Name: _____ Student ID: _____

Graduate

School/College: _____ Campus: _____

Non-Degree

Program: _____

Year: Fall Winter Spring Summer Term (Please specify): _____

All students may add and drop courses from the time that registration opens through the second week of the semester without special permission via the Student Administration System. Courses dropped during this period are not recorded on the student's record.

ADD

During the third and fourth weeks of the semester, a student may add courses through the Office of the Registrar with consent of the student's course instructor, advisor, and the head of the department offering the course. After the fourth week of the semester, the permission of the student's dean is also required.

Class No.	Subject Area	Catalog No.	Sec.	Credits	Instructor Signature	Department Head Signature

DROP

If a student drops a course after the second week of the semester, a "W" for withdrawal is recorded on the transcript. From the third through the ninth week of the semester, a student must obtain the advisor's signature to drop one course. To drop more than one course during that period, a student must obtain both the advisor's and the dean's signature. No student is permitted to drop a course after the ninth week of classes unless the dean makes an exception. Exceptions are made only for extenuating circumstances beyond the student's control.

Class No.	Subject Area	Catalog No.	Sec.	Credits

Student _____ Date _____
(Required) (Print) (Signature)

Advisor _____ Date _____
(Print) (Signature)

Dean/Designee _____ Date _____
(If applicable) (Print) (Signature)