

# MCG Add Course Form - All Campuses

AU Medical College of Georgia Curriculum Office



Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Date: \_\_\_\_\_  
Class of: \_\_\_\_\_ Phone #: \_\_\_\_\_ AU Email: \_\_\_\_\_  
Student's Home Campus: Augusta \_\_\_\_\_ Athens \_\_\_\_\_ NW \_\_\_\_\_ SE \_\_\_\_\_ SW \_\_\_\_\_ LIC \_\_\_\_\_  
Student Signature: \_\_\_\_\_

**PLEASE COMPLETE ONLY THE SECTION BELOW THAT CORRESPONDS WITH THE COURSE LOCATION.**

## FOR COURSES LOCATED ON THE AUGUSTA CAMPUS

MCG Course Number: \_\_\_\_\_ Course Dates: \_\_\_\_\_  
Course Length: 2 weeks \_\_\_\_\_ 4 weeks \_\_\_\_\_ Other \_\_\_\_\_  
Person Responsible for Evaluation: \_\_\_\_\_  
Evaluator's Email Address: \_\_\_\_\_

\*Please send this form to the corresponding MCG Department Coordinator for approval. Upon approval, the Department coordinator will route this form to Curriculum for registration- [mcgdropadd@augusta.edu](mailto:mcgdropadd@augusta.edu)

MCG DEPARTMENT/COORDINATOR APPROVAL: \_\_\_\_\_ CRN: \_\_\_\_\_

## FOR COURSES LOCATED ON THE ATHENS/UGA PARTNERSHIP CAMPUS

MCG Course Number: \_\_\_\_\_ Course Dates: \_\_\_\_\_  
Course Length: 2 weeks \_\_\_\_\_ 4 weeks \_\_\_\_\_ Other \_\_\_\_\_  
Person Responsible for Evaluation: \_\_\_\_\_  
Evaluator's Email Address: \_\_\_\_\_

\*Please send this form to the UGA Partnership/Athens Coordinator for Approval & Registration- [chuck@uga.edu](mailto:chuck@uga.edu) . The Department coordinator will route this form to Curriculum for registration- [mcgdropadd@augusta.edu](mailto:mcgdropadd@augusta.edu)

MCG/UGA PARTNERSHIP CAMPUS APPROVAL: \_\_\_\_\_ CRN: \_\_\_\_\_

## FOR COURSES LOCATED ON A REGIONAL CAMPUS-NW, SE, SW

MCG Course Number: \_\_\_\_\_ Course Location: \_\_\_\_\_  
Course Dates: \_\_\_\_\_  
Course Length: 2 weeks \_\_\_\_\_ 4 weeks \_\_\_\_\_ Other \_\_\_\_\_  
Person Responsible for Evaluation: \_\_\_\_\_  
Evaluator's Email Address: \_\_\_\_\_

\*Please send this form to the corresponding MCG Department Coordinator. Once received, the department will forward this form to the Regional campus for approval and then route to Curriculum for registration- [mcgdropadd@augusta.edu](mailto:mcgdropadd@augusta.edu)

REGIONAL CAMPUS APPROVAL: \_\_\_\_\_ CRN: \_\_\_\_\_

MCG DEPARTMENT/COORDINATOR APPROVAL: \_\_\_\_\_

OFFICIAL EMAIL FOR ALL MCG ADD FORMS: [mcgdropadd@augusta.edu](mailto:mcgdropadd@augusta.edu)

Curriculum Use Only:

Date Processed: \_\_\_\_\_

Initials: \_\_\_\_\_