

MCG Drop Course Form-ALL CAMPUSES

AU Medical College of Georgia-Curriculum Office
Schedule Change Form-DROP ONLY, ALL CAMPUSES



TO BE COMPLETED BY STUDENT

Name: _____ Student ID #: _____ Date: _____

Class of: _____ Cell #: _____ AU Email: _____

Home Campus: Augusta ____ Athens ____ NW ____ SE ____ SW ____ LIC ____

Drop Course Number: _____

Location of Course: _____

Course Dates: _____

MCG DEPT/COORDINATOR APPROVAL: _____ CRN: _____

REGIONAL COORDINATOR APPROVAL: _____ CRN: _____

*Please send this form to the corresponding MCG Department Coordinator for approval. Upon approval, the Department coordinator will route this form to the Curriculum Office for processing.

Augusta, NW, SW, SE students send completed form to Department Coordinator.

Athens students send completed form to:

- Athens Coordinator: chuck@augusta.edu

FOR A STUDENT TO BE OFFICIALLY DROPPED FROM THE COURSE, DROP FORM MUST BE SENT BEFORE THE ROTATION'S DROP DEADLINE.

CHECK DROP DEADLINES ON YOUR CLASS ROTATION SCHEDULE.

Curriculum Use Only:	Date Processed: _____	Initials: _____
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