

# 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 \_\_\_

**Student Please Sign:** I have discussed this schedule change with my advisor. \_\_\_\_\_

\*Rising M4s must have a signed 4<sup>th</sup> year scheduling worksheet on file with curriculum before any 4<sup>th</sup> year courses will be added.

Please Complete only the Section below that Corresponds with the Course Location

## FOR COURSES LOCATED ON THE AUGUSTA CAMPUS

MCG Course: \_\_\_\_\_ Person Responsible for Evaluation: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Ph. # \_\_\_\_\_ Email \_\_\_\_\_

*\*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.*

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

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

MCG Course: \_\_\_\_\_ Person Responsible for Evaluation: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Ph. # \_\_\_\_\_ Email \_\_\_\_\_

*\*Please send this form to the UGA Partnership/Athens Coordinator for Approval & Registration– [zachjones@augusta.edu](mailto:zachjones@augusta.edu)*

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

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

MCG Course: \_\_\_\_\_ Person Responsible for Evaluation: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Ph. # \_\_\_\_\_ Email \_\_\_\_\_

Course Location: \_\_\_\_\_

*\*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.*

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

REGIONAL CAMPUS APPROVAL \_\_\_\_\_

Curriculum Use Only:	Date Processed _____	Initials _____
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