



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 __ NE __ NW __ SE __ SW __

Drop Course : _____

Course Dates : _____

Location of Course (Campus) : _____

Please initial:

____ I have discussed this schedule change with my advisor.

Augusta, NW, SW, SE Students - send completed form to curriculum@augusta.edu

Athens Students - send completed form to Athens Coordinator - zachjones@augusta.edu

For a student to be officially unenrolled from the course, this drop form must be sent BEFORE the rotation's drop deadline. Please check drop deadlines on your class' rotation schedule.

Curriculum Office Only:

Date Processed: _____ Initials: _____