



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

The Office of the University Registration
Registration Adjustment Form



Student Name: _____ Student Empower ID #: _____
Student Email Address: _____

The student is requesting permission to add/drop/change registration in:

Title of Course: _____ (ex: Statistics I)

Course #: _____ (ex: IDO502)

Course Instructor(s): _____

Current/Future Academic Term course is being offered: (select one)

Fall Winter (GEO-Only) Spring Summer

Registration Action: (select one)

Add Drop Semester Credit Change: Current # of Credits: ____
Change to # of Credits: _____

Student Name Student Signature Date
(Please Print)

Instructor/Course Director Name Instructor/Course Director Signature Date
(Please Print)

- **ALL registration changes must be submitted using official USUHS email to registrar@usuhs.edu**
1. All registration changes using this form must be submitted for the current or future academic term, after the student add/drop period has closed.
 2. Any registration adjustments for past academic terms must be submitted to the Office of the University Registrar through a separate memorandum, which requires the Program Director and Associate Dean's signature.
 3. Typical processing times once the completed form is received by the OUR, is 5-7 business days.
 4. All appropriate persons, including the student, will be notified by email when a change has been processed by the OUR. A copy of this completed form will be kept in the student's electronic file.

Please submit this completed and signed to The Office of the University Registrar at registrar@usuhs.edu. The OUR will not accept a form that is not signed.

Learning to Care for Those in Harm's Way