A DESTRUCTION OF DESTRUCTION	UNIFORMED SE	RVICES UNIVERSITY (4301 JONES BRIDGE I BETHESDA, MARYLAND 20 The Office of the Universi Registration Adjustme	ROAD 0814-4799 ty Registrar	ALTH SCIENCES	
	lame: mail Address:				
		sion to add/drop/change reg	-		
	Title of Course:			(ex: Statistics I)	
Course #	Course #:(ex: IDO502)				
Course Ir	Course Instructor(s):				
Current/H	Current/Future Academic Term course is being offered: (select one)				
□ F		Fall Session B (aka Winter; GEO-Only)	Spring	Summer	
Registration Action: (select one)					
	Add 🗌	Drop	Credit C	Change: Current # of Credits:	
				Change to # of Credits:	
Student N (Please Prin		Student Signature		Date	
Instructor/Course Director Name Instructor/Course Director Signature Date (Please Print)					
1. 2. 3. 4.	All registration change term, after the student Any registration adjus University Registrar th Associate Dean's sign Typical processing tim All appropriate person	is using this form must be su registration window has clo tments for past academic ten arough a separate memorand ature. les once the completed form s, including the student, wil	Ibmitted for the rest of the set furns must be s furn, which re- the second be the sec	ail to <u>registration_requests@usuhs.edu</u> ne current or future academic ubmitted to the Office of the equires the Program Director and by the OUR, is 5-7 business days. by email when a change has been kept in the student's electronic file.	

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