



**Medical College of Georgia  
School of Medicine**

**SCHEDULE CHANGE FORM**

**Banner ID Number:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Rank/Year:** \_\_\_\_\_

<b>JULY</b>	Drop	_____	Add	_____	<b>JAN</b>	Drop	_____	Add	_____
<b>AUG</b>	Drop	_____	Add	_____	<b>FEB</b>	Drop	_____	Add	_____
<b>SEPT</b>	Drop	_____	Add	_____	<b>MAR</b>	Drop	_____	Add	_____
<b>OCT</b>	Drop	_____	Add	_____	<b>APR</b>	Drop	_____	Add	_____
<b>NOV</b>	Drop	_____	Add	_____	<b>MAY</b>	Drop	_____	Add	_____
<b>DEC</b>	Drop	_____	Add	_____	<b>JUNE</b>	Drop	_____	Add	_____
					<b>JULY<sup>2</sup></b>	Drop	_____	Add	_____

**Signatures:**

**Student:** \_\_\_\_\_

**Curriculum Office:** \_\_\_\_\_

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**Curriculum Office Use Only:**

\_\_\_\_\_ **Posted in Student System**

\_\_\_\_\_ **Posted in Banner**

\_\_\_\_\_ **Posted in One45**

Curriculum Office  
Registrar's Office  
Student