

**Medical College of Georgia
School of Medicine**

SCHEDULE CHANGE

Student ID Number: _____/_____/_____

Date: _____

Student's Name: _____

Box: _____

JULY Drop _____ Add _____

JAN Drop _____ Add _____

AUG Drop _____ Add _____

FEB Drop _____ Add _____

SEPT Drop _____ Add _____

MAR Drop _____ Add _____

OCT Drop _____ Add _____

APR Drop _____ Add _____

NOV Drop _____ Add _____

MAY Drop _____ Add _____

DEC Drop _____ Add _____

JUNE Drop _____ Add _____

JULY² Drop _____ Add _____

Signatures:

Student: _____

Curriculum Office: _____

White: Curriculum Office
Canary: Registrar's Office
Pink: Student