



**UNIVERSITY OF SOUTH ALABAMA ~ College of Medicine
M4 Senior ADD/DROP Form**

This form is to be used to ADD or DROP M4 senior courses. There is enough space for two blocks on each form. The deadline to add or drop a course is **NO LATER than 30 days BEFORE the course begins unless it is an EM rotation.** Check in the M4 OASIS course catalog for more information about each course and their restriction dates. You can use the form available online at our Student Affairs website, but original signatures are always required on the final form turned into Mastin #202-(no exceptions). **A Faculty Advisor's original signature is always required.**

LATE NOTICE SIGNATURES: If this form is turned into the Office of Student Affairs **less than 30 days before the start date** of a course being changed, the student must first obtain all **original signatures** of the course director/s being added and or the course being dropped. Depending on the course & reason for the change/s, the M4 student may need additional signatures at bottom. Check with Karen Braswell in Mastin #202 first.

STUDENT: (Print) _____ **DATE:** ____/____/____

M4 Course to DROP:

Title of Course: _____ **Course CODE:** _____

Block No# & or exact dates: _____

Above Course Director's Signature (if required): _____

M4 Course to ADD that will replace above Course/Block

Title of Course: _____ **Course CODE:** _____

Block No# & or exact dates: _____

Above Course Director's Signature (if required): _____

M4 Course to DROP:

Title of Course: _____ **Course CODE:** _____

Block No# & or exact dates: _____

Above Course Director's Signature (if required): _____

M4 Course to ADD that will replace above Course/Block

Title of Course: _____ **Course CODE:** _____

Block No# & or exact dates: _____

Above Course Director's Signature (if required): _____

Student's Signature: _____ **Date:** ____/____/____
(Original Signature Always Required)

Faculty Advisor's Signature: _____ **Date:** ____/____/____
(Original Signature Always Required)

Office of Student Affairs: _____ **Date:** ____/____/____
(Karen Braswell, Supervisor, Clinical Education)