



# Touro University - California

## Office of the Registrar

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**ADD/DROP  
REQUEST FORM**

- College of Osteopathic Medicine     
  College of Pharmacy     
  College of Education  
 College of Health Sciences:   
  Joint PA/PH Program     
  PH Program

### Personal Information

Name \_\_\_\_\_ Class of \_\_\_\_\_ Student ID # \_\_\_\_\_ (Required)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Add/Drop forms are to be completed for a single semester only. You will need to submit additional forms to change courses in multiple semesters.**

SEMESTER (PLEASE SELECT ONE):  SUMMER  FALL  SPRING      YEAR \_\_\_\_\_

### Courses to Add

	<u>Course/Rotation Number</u>	<u>Course/Rotation Name</u>	<u>Units</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
Total Units Added			<input type="text"/>

### Courses to Drop

	<u>Course/Rotation Number</u>	<u>Course/Rotation Name</u>	<u>Units</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
Total Units Dropped			<input type="text"/>

Reason for adding or dropping courses (required): \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments (select if applicable):  Student never attended course  Student not required to take course

For Office Use Only:

If missing signatures: Date originally received by Registrar \_\_\_\_\_ Date forwarded to program \_\_\_\_\_

Date Received by Registrar \_\_\_\_\_ Bursar Approval \_\_\_\_\_ Date Completed \_\_\_\_\_ Processed By \_\_\_\_\_