

KUSM-W SCHEDULE CHANGE REQUEST FORM

***Student must request change and submit form to appropriate clinical departments for approval at least 30 days prior to the beginning of the course. Academic Affairs must receive completed and department approved form from student, in order to change student's schedule. **1-Go to department contact for course availability; 2-Submit completed form to department for their approval on form; 3-Send completed/department approved forms to mrunge@kumc.edu** Use multiple forms for 2-wk blocks and multiple months.

STUDENTS NAME (print legibly):

I am requesting the following change to my current schedule. (if student wishes to add a course where there is currently nothing scheduled or if student wants to drop a course but not add one, please indicate unscheduled time as FREE TIME on this form) **Yellow highlighter indicates student required completion fields.**

Please DROP:

Course Title: **Course Dates:**
Instructor's Name: **Course Location:**

Department of :

Approved Student Coordinator or Designee Signature:
Not Approved

ASA Office Use:
Course Number: Line Number: Credits: Dates:
Updated

Please ADD:

Course Title: **Course Dates:**
Instructor's Name: **Course Location:**

Department of :

Approved Student Coordinator or Designee Signature:
Not Approved

ASA Office Use:
Course Number: Line Number: Credits: Dates:
Updated

Student Signature: **Today's Date:**