2632115976

The University of Texas Health Science Center at Houston
Add/Drop/Audit Form

Resulting Status

☐ Complete Withdrawal

☐ Full Time

☐ Part Time

Student's Name _____ Last _____ First _____ MI

SSN or SID _____ School _____ Term _____

ADD

PREFIX	COURSE NO.	SECTION	TITLE	CREDIT HOURS	RETAKE/AUDIT/ADD	INSTRUCTOR'S SIGNATURE
					☐ RETAKE ☐ AUDIT ☐ ADD	
					☐ RETAKE ☐ AUDIT ☐ ADD	
					☐ RETAKE ☐ AUDIT ☐ ADD	

DROP

PREFIX	COURSE NO.	SECTION	TITLE	CREDIT HOURS	GRADE**	INSTRUCTOR'S SIGNATURE

Student's Signature _____

Advisor's Signature _____ Date

Dean/Student Affairs _____ Date

_____ Date

*Retake grade replacing previous unsatisfactory grade
*AD Audit- no credit awarded

**Applicable Grades: W, WF- NURS
WP, WF- DBPG, SHIS, GSBS
W- SPH, DHY

PLEASE BRING SIGNED COPY TO THE OFFICE OF THE REGISTRAR, UCT 2250