

Office use only
 Date: _____
 Time: _____ am/pm



OAKLAND UNIVERSITY WILLIAM BEAUMONT

Add/Drop Registration form

IMPORTANT! Please read carefully and sign below. Add/drop forms and supporting documents must be submitted **at least 30 days prior** to the start of the course being added or dropped. Return to the completed form to records and registration (medreg@oakland.edu).

_____ Last name _____ First name _____ G number _____

Phone Number: (____) _____ - _____ OU Email: _____

Select term **Year**
 _____ **Fall** _____ **Summer** **20** _____
 _____ **Winter**

ADD/DROP	Subject	Course #	Course Name	Course Location	Course Dates	Waitlist Option
DROP ADD	PEDS AWAY	MDM4 9904 MDM4 9949	Pediatric Cardiology AWAY- FM @ XYZ Med Center	Beaumont Troy New Med Ctr	August 08/1-8/25/2015	If course/section is full, you may select this option (Please note: this does not guarantee placement in course)
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Registration Agreement and Promise to Pay

By signing this registration form, I understand that I will be registered and/or dropped from the courses listed above. I assume financial responsibility for the education-related charges associated with my student account. In the event my account becomes past due, I acknowledge that a hold will be placed on my account, prohibiting the release of transcripts and possible de-registration from future semesters. 0

By registering for courses or contracting for on campus housing at Oakland University, I acknowledge that I have read and am accepting the Student Business Services Terms and Conditions found at: www.oakland.edu/sbs/terms.

_____ Student Signature _____ Date _____

_____ Dean for Undergraduate Clinical Education (or designee) Signature _____ Date _____

Questions: SOM Records and Registration ~ medreg@oakland.edu

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