THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE  
PROGRAM OF GRADUATE STUDIES

Student’s Name: _____________________________________________________________

Department/Program: __________________________________________________________

Date: _______________________________________________________________________

This form must be filled out completely and be approved by the program director or the chairman of the department. List below ALL School of Medicine courses you plan to attend during the 2016-2017 academic year, plus any first term School of Public Health or Arts and Sciences courses. You will be given an opportunity to register for additional second term School of Medicine, Public Health, and Homewood Schools courses during second semester registration.

<table>
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<tr>
<th>Division</th>
<th>Department</th>
<th>Course #</th>
<th>Title of Course</th>
<th>Dates or term of course (if course is a year course, please indicate)</th>
<th>Check here if course is to be audited</th>
<th>For Office Use Only</th>
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Changes in registration should be reported on a Change of Schedule Form which may be obtained in the Office of the Registrar, 147 Broadway Research Building. Changes in registration for 1st semester courses are not permitted after 11/4/2016.

To be completed by the Program Director:
Please check the correct classification:

A) RESIDENCE
    _________ Full-time student
    _________ Part-time student

B) DEGREE STATUS
    _________ Regular student (degree candidate)
    _________ Special student (non-degree candidate)

I hereby approve the above program

Date: __________ Signature of Program Director: __________________________________________

White Copy – Registrar’s Office, Yellow Copy – Training Program Director, Pink Copy - Student