

VANDERBILT SCHOOL OF MEDICINE --- CHANGE OF COURSE CARD

THE EFFECTIVE DATE OF ANY COURSE CHANGED IS THE DATE THIS CARD IS SUBMITTED TO THE MEDICAL SCHOOL OFFICE OF STUDENT RECORDS, ROOM 203 LIGHT HALL

STUDENT SS# _____ PLEASE PRINT NAME _____ DATE _____ CLASS OF _____

	COURSE NO.	UNIT OR SEMESTER	COURSE TITLE	INSTRUCTOR SIGNATURE
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	COURSE NO.	UNIT OR SEMESTER	COURSE TITLE	INSTRUCTOR SIGNATURE
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OFFICE USE ONLY

Official Class Rolls

University Computer

Curriculum Folder

On-line Grading System

Initials of OSR Staff _____

SIGNATURE OF ASSISTANT DEAN FOR MEDICAL STUDENT

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