University of Maryland
School of Pharmacy

GROUP CHANGE FORM

[Students must switch with a student who is currently in the group sought. Both students must sign this form and return it to Student Affairs Office – Rm. 224 PH]

Date: _____ *ID:* _____

The following students would like to change discussion groups:

1. _____ *current Group#* ____ *will move to Group#* ____
[student name]

2. _____ *current Group#* ____ *will move to Group#* ____
[student name]

Signed _____ *Date* _____
[student #1]

Signed _____ *Date* _____
[student #2]

Change Entered on: _____
[Date/initial]

NOTE:

ID: ***85*** *- 1st Yr: Class 2005* ***87*** *– 3rd Yr: Class 2003*
86 *- 2nd Yr: Class 2004* ***88*** *– 4th Yr: Class 2002*

[v:registr/groupchg form.doc]