



Section A: To be filled by student after consulting/discussing with advisors in Student Affairs or Medical Education. As per policy, please note that any changes to your clinical schedule need to be approved and submitted to the Office of the Registrar at least **45 days** before the start of any clerkship and/or elective. Failure to meet this deadline might prevent you from participating in said clerkship or elective.

(Last Name) (First Name)

Student Name: _____

Student ID: _____

Option # 1 2 3 4 (Circle one)

Elective Info		Drop Clerkship/Elective			Official Use		Add			Official Use		
Code	Title	Section	From Date mm/dd/yy	To Date mm/dd/yy	Enrollment change	Initial	Section	From Date mm/dd/yy	To Date mm/dd/yy	Enrollment change	Initial	Approved (Initial)
		Example										
7001	OBGYN Clerk	01	8/26/2012	9/27/2013			03	9/30/2012	11/15/2012			
7001	Primary Care	03	11/16/2012	12/27/2012			02	8/26/2012	9/27/2013			

Reasons for the request:

Submitted by _____ Date: _____

Need to meet with Associate Dean for Medical Education

Approvals:
Associate Dean for Medical Education: _____ Date: _____

Section B: For Official Use Only

Date Submitted for verification (OR): _____ Initial: _____
Date Submitted for Approval (ME): _____ Initial: _____
Date Approval Submitted (OR): _____ Initial: _____

For more details read the FAQ on the website?