

## **Add and Drop Clinical Courses Form**

Office of the Registrar

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. Failure to meet this deadline might prevent you from participating in said clerkship. (Last Name) Student Name: Student ID: 1 2 (Circle one) Option # **Drop Clerkship/Elective** Add Official Use **Elective Info** Official Use To Date From Date To Date From Date Approved Enrollment Enrollment Title mm/dd/yy mm/dd/yy (Initial) Code Section mm/dd/yy change Initial Section mm/dd/yy change Initial Example 01 03 7001 OBGYN Clerk 8/26/2012 9/27/2013 9/30/2012 11/15/2012 03 11/16/2012 12/27/2012 02 8/26/2012 9/27/2013 7001 Primary Care 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